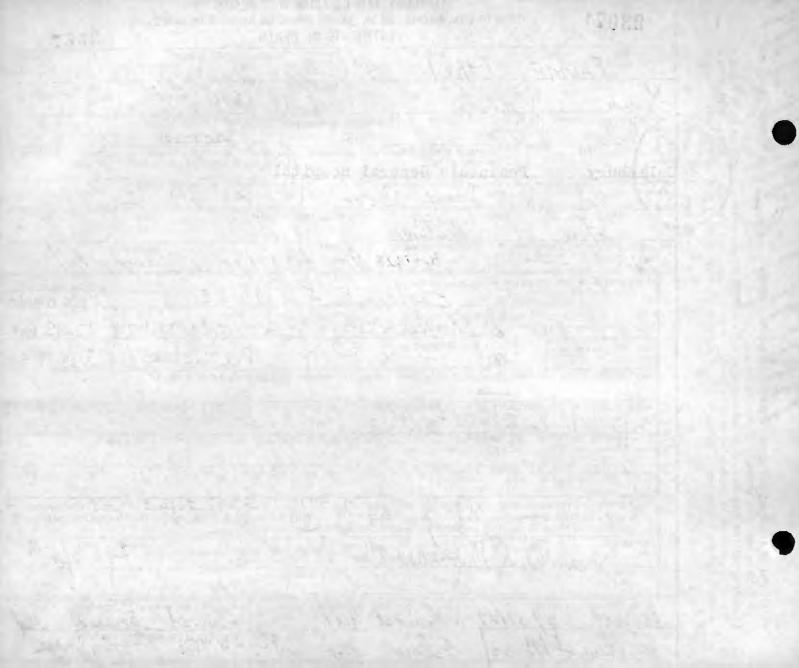
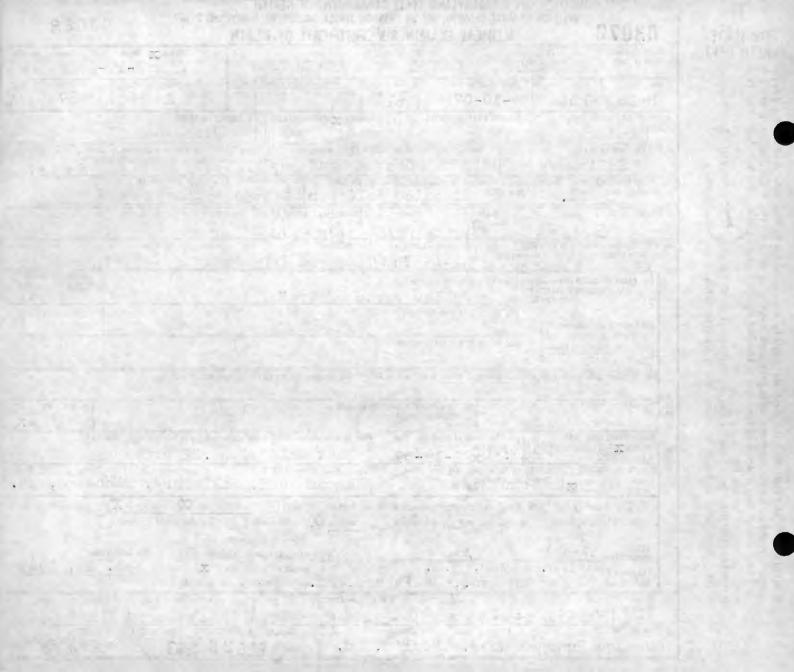
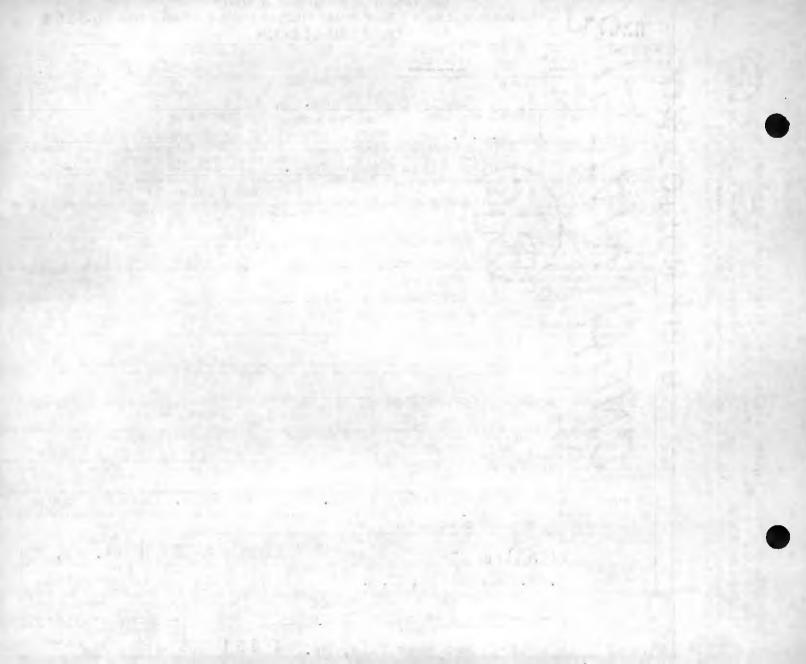
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	Item5 FilmGklO 3/6/69 kk CERTIFICATE OF DEATH 03067
= - ~=	1. DECEASED-NAME First 9— Middle Lost 20. DATE OF DEATH 2b HOUR
deoth.	TANNIE EThe HDAMS February 23 1969 VOP
office of the state of the stat	3. SEX 4. RACE 5. DATE OF BIRTH 1885 6. AGE (In years IF UNDER 14 FAK IF UNDER 24 HRS. MORTHS DAYS HOURS MUR. YRS
24 hours ad in war 72 hours	70. BIRTHPLACE (Syste or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	WIDOWED WIDOWED Wicomico Mc
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 122. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
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	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
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OR ITENE be retained SIRECTOR: A e 3 should ed with the	226_SIGNAJURE ATTENDING MED. STAFF 226-DATE SIGNED C
be re be re DIREC	DEGREE PHYS. LI DIRECTOR LI PH
TO HOSPITAL OR., TEN Page 4 may be retained FO FUNERAL DIRECTOR: director, page 3 should Should be filed with the	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS
Page 4 n Funer Girector,	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5-5-1	Buriat 1/2/10/ Jamen 1744 Laurel Allager Mit
VR AT 4	24. FUNERAL DIRECTOR ADARESS 250. PETER REGISTRAR 1969 25b. REGISTRAR'S SIGNATURE ADARESS 270. PETER REGISTRAR 1969 ADARESS

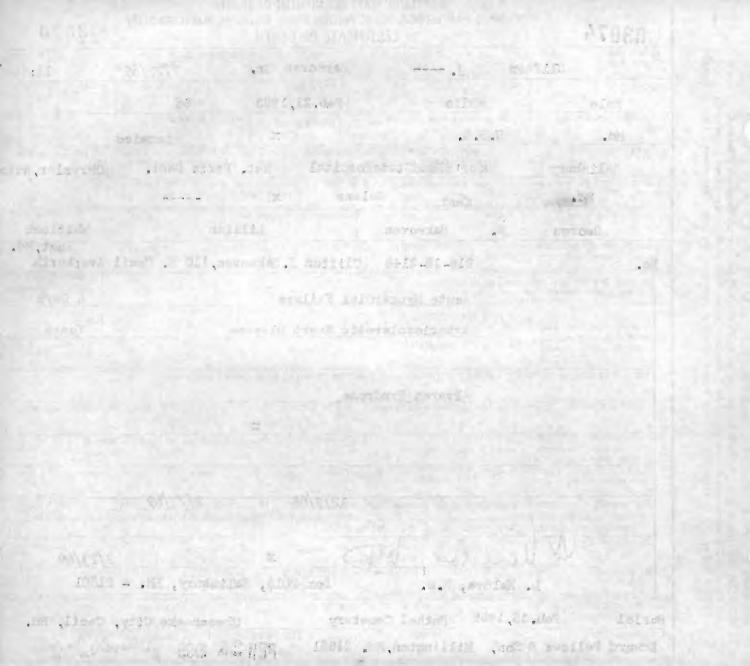
MARYLAND STATE DEPARTMENT OF HEALTH



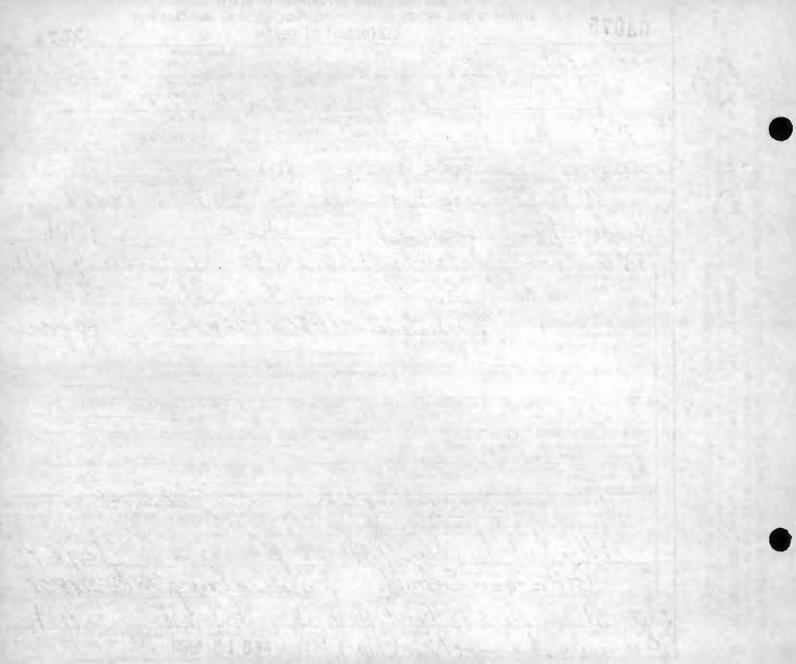
51-5	Item7 Fi	LmGL(10 3/	5/69 MMAI	RYLAND STATE ORDS, 301 W. P	DEPARTMI	ENT OF H	EALTH	AND 21201			
FOR STATE	0307	2		L EXAMINE				UNITE ZIZVI		93868	
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First CHES	STER	Middle DORSEY		Lost YDELO:		20. DATE KNOWN OF ESTI- DEATH MATED	0 70	Day Year -69 19	2b. HOUR
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s after deat 18. Give Par along with 2 with the St death.	13a. USUAL RESIDE admission) STA	NCE (Where decease	d lived, if institution 13b. COUNTY	on: Residence before Vicomico	Salis	bury y	NSIDE CITY LIMITS?	13e. STREET AND NU Shavo	IMBER		
	14. FATHER'S NAME	First E-MORX	Middle A	UNGLOT		THER'S MAIDE		IMMDI	Widdle	Los	t
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X P & C +		any, which gave		S A CONSEQUENCE OF				1100			
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) . = DE /	190. DATE OF	OPERATION	1	9b. CONDITION FOR W WAS PERFORMED?		9.55				20. AUTOPS	Y? NO. X C)
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ICAL EXAMINER: If secure the certificator. Page 4 should be defar your files. CTOR: Page 3 should I burial, cremation, ar	21d, INJURY O	CCURRED 21e. P	LACE OF INJURY (AT only office building.	hame, farm, street,	21f. LOCA	VOX R		City or Town alisbury	, Wic	County comico,	State Md.
DEPUTY DICAL EXAM pressary, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page	22a.		ak charge of the	remains describe	d above, held	an Autaps	sy , Ins	spection X, 1	Inquiry X	, and in m	y opinion
JTY DICA Iry, please e eral director be retained RAL DIRECT priar to bu	ACTUAL	Sol L	Ron			CHIEF	MEDICAL EXAMIN ANT MEDICAL EXA	ER 🗌	22b. DATE S		
ro DEPUTY Decessory, please the funeral direct s may be retaine to FUNERAL DIRECT Health prior to	SIGNATURE EXAMINER'S NAME (Type	Earl L.	Royer,	M.D. Salis		DEPUT	Y MEDICAL EXAMI	INER L	Feb.	21,]	.969
To the	23a. BURIAL, CREM REMOVAL (Spe	ATION, 23b.	DATE 2 4 6 9	23c. NAME OF	EMETERY OR CATE	MATORY	23d	LOCATION (City or TO	own)	(County)	State)
	24. FUNERAL DIREC	TOR		ADDRE	SS	2	So. REC'D BY RE	GISTRAR 25b.	REGISTRAR'S S	IGNATURE GALL	dat.
VR A15ME (5) 10M REV. 1/68	Burbag	e Funer	al Home	, Berli	n, Ad.	D	ATE FEB	26 19\$9	1	1	0







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scuted within 24 haurs after death completely filled in by the funeral one carban papers. Pages 1 and 2 revent, within 72 hour offer death	10. (Salisbury	11. NAME OF HOSPITAL OR give street oddress)	INSTITUTION (If not in haspital 12a. US) teneral Hospital	UAL OCCUPATION (Kind of work do nost of working life, even if retire	ne 12b. KIND OF BUSINESS OR INDUSTRY
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be executed and comple on in any event	adm	ssion) STATE	131 COUNTY meisel		R.F.D. I	Bx 57
and com	14.	ATHER'S NAME First	L Middle C Lost	IS. MOTHER'S MAIDEN NAME	Eirst Middle	Lost
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certif g phy Then movo		18. CAUSE OF DEATH (Enter on	y one couse per line (or)(o), (b), and		and co	APPROXIMATE INTERVAL SETWEEN CINSET AND DEATH
he death ce attending (permit he		PART I. DEATH WAS CAUSED	TE CAUSE (a) Mas	sur Kemertha	se COa	2 hours
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quires th physician signed by burial-tra		lost.	(c)		and the second s	
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CIAN intelligible interest for the contract of	SIGH	ar contributing cause of Deat	HOUR A.M. Month Day Ye		or more at many servant transfer	2, 11011 124
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifica je 3 should be detached fa ed with the State Dept. af H	MEDI			FACTORY, 21f. LOCATION Street or R.F.D. N	a. City or Town	County State
the dest		of work at work		0	10 711	10
Mffer be Star		22a. I certify that (1) (this sow the deceased of	s haspital) attended the deced	ised from 19.	01, 10 Tet, 6,	19 <u>67</u> , that (1) (we) last
TEN ined ined the			, (I) (we) (did) (did nat) view th	_19 <i>GT</i> , and that in (my) (aur) ap e bady ofter death.	unian degin occurred an the	dote and haur and from the
SPECIAL METERS		22b. SIGNATURE	128 11	MAD ATTENDING (MED. STAFF	22c. DATE SIGNED
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. af Health priar to		22d. PHYSICIAN'S NAME (Type)	erbert Sem	6/4 22e, ADDRESS	strung Me	du 2/1801
O HOSPII Page 4 m O FUNER directar, shauld b	239	BURIAL, CREMATION, 23b. I	DATE 236 NAME (OF CEMETERY OF CREMATORY	236. LOCATION (City or Town)	(Caunty) (Stoty)
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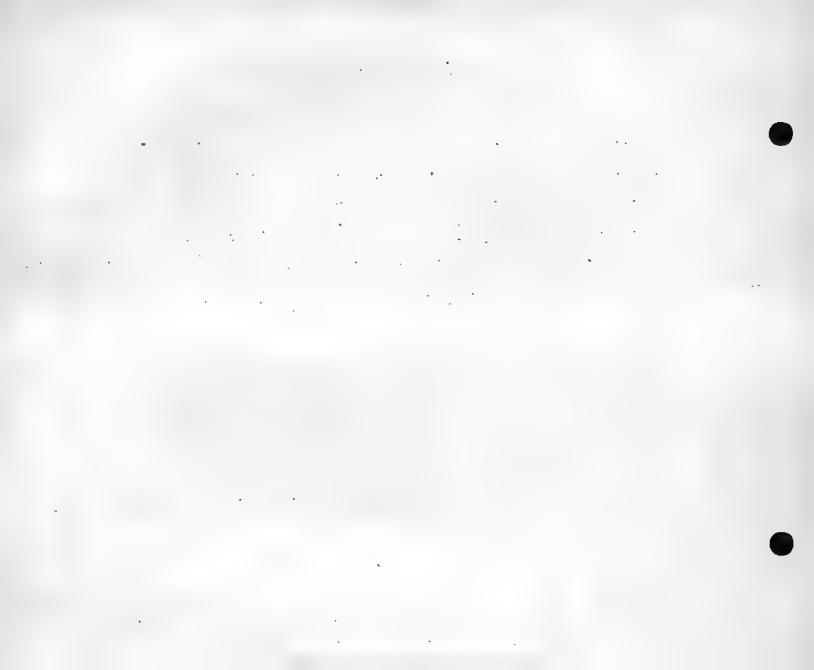
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	0367			-	ERTIFICA					930	72
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2	odm ssian) STATE Mary		V Worce		Pocomok		YES 🔀 NO 🗌	600 Mar		treet	
	14. FATHER'S NAME	First	M.ddle	Last	15. A	MOTHER'S MA	AIDEN NAME First		Middle	-	Last
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7	21a ACODENT	WAS UNDERLYING	21b TIME OF	1N B ID Y	212 HOW	YES		re of injury in Part 1	nr Doet 9 H	tom 3D1	
		NG CAUSE OF DEATH	HOUR A.M.	Manth Day Year		INDOK! OL	.OKKED (LINE) AUIO	ue or miork in Law .	or ruit 2, ii	en ab /	
	₹ 21d INJURY C	y medical examiner		AT HOME FARM, STREET FACT OFFICE BUILDING ETC.		ATION Street	at or R.F.D. No	City or Town		County	State
	While Not	white -						· ·			
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	saw th	e deceased of	re on Febr	nded the decease uary 12 19 (XXX) view the b	9_69, and t	that in (m	y) (aur) apinian	death accurred a	n the dat	e and haur a	nd fram the
	22b. SIGNATUR	2.died (pave)	(incl.(me) (aid) (bioracki view tue p	ady after dec	um			22r D	ATE SIGNED	
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,	22d. PHYSICIA	VS.	-	7		22e. ADD	RESS			Marylar	
	NAME (Ty	pe) L. V. I	Maldve,				Head	State Hosp	ital,	Salist	ury,
	23a BUR AL, CREMA			23c NAME OF C	EMETERY OF CH	EKAKON		LOCATION (City or To		(County)	(State)
	Burrig		14-1969	John W	. Tayl	lor M	em. T	emperanc	evil	Le, Vi	rginia
1	24 FUNERAL DIRECT	OR III	-	ADDRESS			250 RECEBY LEG	TRAIQE Q 25b RI	GISTRAR 51	STGNAT JRE** **	48"
	Plann	17,100	usan F	ocomoke	City,	Md.	DATE				



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d v	13a.	USUAL RESIDENCE (Where deceased	ilyea, it instituti	on, Kesidence Detate	13c CITY OR	TOWN	36 INSIDE CITY LIMITS	13e STREET	ND NUMBER		
5/ E 2 1	adm	ss.an) STATE Mary Land	Dorches	ster	Cambr	idge	YES 📋 NO 🗶] Rt	. #3		
xe ou		ATHER'S NAME First	Middle	Lost			AIDEN NAME First		Middle		Last
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S of L		210. ACCIDENT WAS UNDERLYING	21b TIME OF		21c. H	OW INJURY OC	CURRED (Enter no	ture of injury in I	ort I ar Port 2,	Item IB.)	
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F		NAME (Type) C. H.	winnaco	tt, M. D.		Deer	's Head	State H	ospital,	Salist	ury,
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 leage 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the oftending physician of director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon paper should be filed with the State Dept. of Health priar to burial, cremotion, or removal, and in dry event, within 72	230	BURIAL CREMATION. 23b DA	TF	23c NAME OF	CEMETERY OF	CREMATORY	1 2	3d. LOCATION (Cr	v or Town	(County)	(State)
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E		MEDICAL	or contributing [] CAUSE OF DEAT	H HOUR A.M. Month	Day Year						
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<u>_</u>	1				ATE DEPARTMENT OF		0308-
1	П	00000	DIVISION OF VI			LTIMORE, MARYLAND 21201	93875
	L	93079		CERT	IFICATE OF DEATH		
signed by the attending poysition and completely, filted in by the funeral burial-transit permit. Then please remove carbon papers. Pages I and 2 burial, cremation, or removal, and in any event, within 72 hours after death.		ECEASED NAME First Type or print)		Mrddle	Last	20 DATE OF DEATH	2b HOUR
		BLAI	NCHE	LOUISA	BOWEN	February 1	3 1969 11 /A-M
	3 5		4. RACE		S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	L.	Female	Whi		January 8,	1886 lost big by oy) YR	
	7a.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT	COUNTRY? B MA	RRIED 🗶 NEVER MARRIED 🗌	9 COUNTY OF DEATH	
		Maryland	USA	WID	OWED DIVORCED	Wicomico	Md.
egen.	10	CITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INSTITUTION	ON (If not in hosp tal 12a LS	UAL OCCUPAT ON (Kind of work dane	12b KIND OF BUSINESS OR
		lisbury	Peninsul	a Genera	Hospital	most of working life, even if ret red Housewife) INDUSTRY
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		Maryland	T 13K COUNTY QUE	een Anne Chi	urch Hill YES	NO 🗌	
1	14	FATHER'S NAME First	Middle	Last	15 MOTHER'S MAIDEN NAME	First Middle	Last
-	_	Edwin	Brown	Walls	Mar		Walls
	160	WAS DECEASED EVER IN U.S. ARA es, no, ar unknown) (If yes give w	or or dates of survice)	SOCIAL SECURITY NO	17 INFORMANT (Husba	ind) Address	
		No	2	<u>19-34-4018</u> B	Mr. Henry C.	Bowen, Church Hi	11. Maryland
		18 CAUSE OF DEATH (Enter on	ly ane couse per line fo	or (o) (b), and (c))		1	APPROXIMATE WIERVAL BETWEEN OWSET AND DEATH
		PART I DEATH WAS CAUSED , IMMED A	ATE CAUSE (a)	mydran	dial Injance	tion	Hday
		7 /		CONSEQUENCE OF	0		0
		Canditions, if any, which gave) use to immediate cause (a),	(b) O	interics	levertic Nea	int disease	YRS
		stoting the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF			
		lost,	(c)				
		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING	TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE OR	R CONDITION GIVEN IN PART 1(a)	
	S			1			
,	CERTIFICATION	190 DATE OF OPERATION 196.	CONDITION FOR WHICH	OPERATION WAS PERFORM		CAUSES OF DEATHS	CONSIDERED IN CERTIFYING
1	E				YES NO		
		210 ACCIDENT WAS UNDERLYING TO CAUSE OF DEAT	G 215 TIME OF IN. H HOUR A.M N	URY lonth Doy Yeor	21c HOW INJURY OCCURRED (Ent	ter nature of injury in Port 1 ar Part 2	? Item 18)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P M	19			
	_	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT I	IGME, FARM, STREET, FACTORY,)	21f LOCATION Street or R.F.D. N	o Eity or Town	County State
		While Not while of work	1 1 1 1	1 1 1 1	- 18		
		220. I certify that (1) the	is haspital) aftend	ed the deceased tro	m 72 - 8 , 19_	64, ta 2 · 17, 1	9 <u>دي</u> , that (ا))(we) last
		causes stoted above	(II) Ywe) (did) (did	not) view the bady	ofter death.	himon neath occurse ou the o	tote and nour and from the
		22b. SIGNATURE				220	c. DATE SIGNED
		DobunG	Bullo	Den M9	DEGREE PHYS	DIRECTOR PHYS.	Feb. 13, 1969
		22d. PHYSIC AN S		0	22e. ADDRESS		ten. 13, 1909
1		NAME (Type) Dr. Jo	hn T. Bull	keley	Pine Bluf	f Road, Salisbury	y, Maryland
	230	BURIAL, CREMATION 23b [23c NAME OF CEMETE		23d. LOCATION (City or Tawn)	
			15,1969		Church Cemeter	y Church Hill	Maryland
1	24	FUNERAL DIRECTOR		ADDRESS	250 RECD	BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
WY.		HOLLOWAY & CO	DMPANY, SAI	ISBURY. MAR	YLAND DATE FE	517 1969 / ***	and and



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	
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after of the fundamental after of the fundamen	3. S		ES (N.
24 haurs after death. ed in by the funeral ppers. Pages 1 and 2		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	M.d.
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ling phi Then remay	F	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	2
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that ti an. by the ransit cremat		Canditiads, if-any, which gave is to immediate couse (a). (b) stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	—
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ng P en s en s to b	2		
ING PEYSICIAN: The law rection by the haspital or attending that this certificate has been she defacted for use as the bastate Dept. of Health prior to be	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?	
CIAN: 1 ificate or ifficate of far us	MEDICAL CER	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor 19 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor 19	_
IDMG PEYSICIAN: 1 by the haspital ar Affer this certificate be defacted for us state Dept. af Healt	MED	21d INLJRY OCCJRRED 21e PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while	_
		22a. I certify that (I) (this haspital) attended the deceased from 2,0,19,5, ta 2/22,196,7, that (I) (we) saw the deceased at year 2/22,196,7, and that in (my) (aur) applied death accurred at the date and have and from	ast he
R ATTINE Estained RECTOR: As 3 shauld with the S		22b AFGNATURA	-
©		D. S. Chelen, M. D. DEGREE ATTENDING DIRECTOR DI	
E EOSEITAE Bage 4 may O FUNERAL director, pag shauld be fill	22	NAME (Type)	=
To Fu	230	BOSTIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d SCAMON (City or Town). (Courty) (State)	1
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MARYLAND STATE DEPARTMENT OF HEALTH



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	1	03082 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03878
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od 1	13a	LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDECTY IMITS? 13e STREET AND NUMBER
cute omp	, uom	WAR THELAND 136 COUNTY COMICO SILISBURY YES TO NO 211 WALSTON AVE
exe exe smg	14	FATHER'S TAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
in can	1	STANFORD - MITCHELL SALLY MARY BODLEY
te jan	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 1365 SOCIAL SECURITY NO. 117 INFORMANT.
Aysic al, c		Yes, no, or ulknown) (It yes gree Apr is dojes of service) MR. NORRIS MITCHELL SALISBUR VMD
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ing ing		PART I DEATH WAS CAUSED BY
mit		PART I DEATH WAS CAUSED BY Multiple Myerona 2 yro.
aff aff		DUE TO, OR AS A CONSEQUENCE OF
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phy ign ign inn	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)
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la state	AT19	19d DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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Tarific da A	₫	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Yeor
rent ned	MEDICAL	[If either, notify med.col examiner) P.M 19 210 NUURY OCCURRED 21e PLACE OF INJURY (AFFORM SIREST FACTORY) 21f LOCATION Street or R.F.D. No. City of Town A County State
OR ATTENDING PHYSICIAN: be retained by the haspital an NRECTOR: After this certificate e 3 shauld be detached far to ad with the State Dept. af Hea	1	While Nat while OFFICE BUILDING, ETC
De te be		e-work diwork
After by St.		22a. I certify that (I) (this hospital) attended the deceased from 19 0 and that in (my) (our) apinion death accurred an the date and hour and from the
R: Property of the		causes stated above (1) we) (aid not) view the body after death.
A B B B 是		226 SIGNATURE 22c. DATE SIGNED
dw dw		DEGREE PHYS. DIRECTOR PHYS.
y b d d d d d d d d d d d d d d d d d d		22d. PHYSICIANS 22e. ADDRESS
SPITAL 4 may NERAL I tar, pag		NAME (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar tallow.	230	BURIAL, CREMATION, 23D DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
O HO Page O FUN Shaul	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
5-5	24 5	FINERAL DIDECTOR ADDRESS DECEMBER 256 DECISIONAL SCHAP DE
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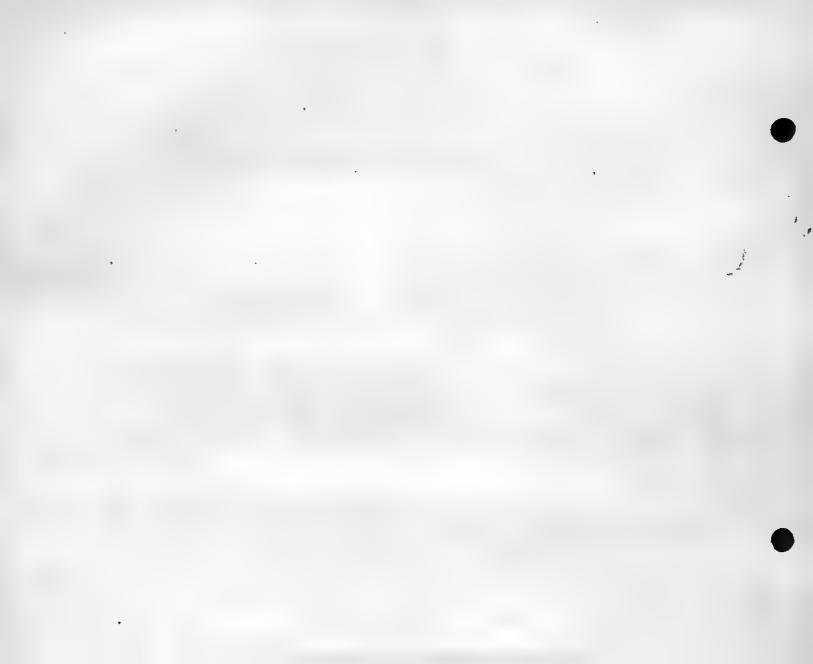


- 1			DIVISION OF VI	TAL RECORDS, 30	1 W. PRESTON S	STREET, BALTIA	MORE, MARYLAND	21201	100	379
		83083		CEI	RTIFICATE O	F DEATH			3.000	113
1.		EASED NAME First		Middle	Lost		20. DATE OF DEATH	h	٧	2b. HOUR
	(1y	pe or print)	ttre	Frances	Car	ey	Mont	h Day	Year 69	1103 PM
3.	SEX		4. RACE		S. DATE OF	BIRTH	6. AGE (n years		IF UNDER 24 HRS.
L		Female	Cauca	isign	3	5-6-81	8	7 YRS.	MONTHS DATE	HOOKS MIN
70	a. Bl ount	RTHPLACE (State or foreign	76. CITIZEN OF WHAT		MARRIED 🔲 NEVER A	AARRIED 🗍 9	COUNTY OF DEATH			
		Maryland	U S.A			VORCED 🔲		comic		Md
10		TY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INSTITU oddress) いょくのか	JTION (If not in hospito		. OCCUPATION (Kind of st of warking life, even		125 KIND OF BI	USINESS OR
		alisbury		Home - Boot	h St. Salish	ury Hous	e WITE			40me
		SUAL RESIDENCE (Where deceas sian) STATE md.	125 COUNTY *		COLLY OR TOWN	YES NO		-m 3	Rt. #4	
	4 FA	THER'S NAME First	Middle	Last		MAIDEN NAME FIR		Middle	100	Last
		CHARLES	Wesley	Chathan		EMMA	F		Pobert.	_
1	60.	WAS DECEASED EVER IN U.S. ARA	AED FORCES? /169	SOCIAL SECURITY NO	17 INFORMANT	1 - 0		Address		
1	Ye	s, no or unknown) (If yes give w	rar or dates of service)	'es	Mr. Chni	rles C.C.	AREY, Sr,	13 sec.		
F	T	18 CAUSE OF DEATH (Enter on	y one couse per line fo	ar (a), (b), and (c))		, :				ATE INTERVAL SET AND DEATH
	-1	PART I. DEATH WAS CAUSE!	O BY: ATE CAUSE (a)	Cana	eac fo	weren	R		7-	da
-1	1	2509		CONSEQUENCE OF	/					
		Conditions, if ony, which gove) rise to immediate couse (a),((b)	clyter	wooler	m				
- 1		stoting the underlying couse(DUE TO, OR AS A	CONSEQUENCE OF	1-1.				10.0	1.0.
	- 1	ost.	(c)	1-1-12	4.460				70.7	
- [PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING	G TO DEATH BUT NOT I	RELATED TO THE TERMI	INAL DISEASE OR CO	INDITION GIVEN IN PART	1(a)		
	<u>s</u>	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH	ODED ATION WAS DEDEO	D845D 20a 41	UTOPSY?	I OUP IE AEC MEE	E EINDINGS CO	NSIDERED IN CER	PTIEVING
,	CERTIFICATION	170 DATE OF OFERATION 170.	CONDITION FOR WITHIN	OFTENHON MAD LEKED	YES		CAUSES OF DEAT		HAVENED IN CEN	CHAINIO
		210 ACCIDENT WAS UNDERLYIN	IG 215 TIME OF IN.	!URY			noture of injury in Part	L or Port 2. It	em 18.)	
		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. A	Month Day Year		+ fellol	and an index of con-		,	
		If either, natify medical examination 21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT	19 Nome, farm, street, factor	(-) 21f LOCATION S	treet or R.F.D. Na.	City or Town		Caunty	Stote
	- 1	While Not while at work	OFE	ICE BUILDING, ETC	1					
		220. I certify that/(I)/(th	ís haspital) attend	led the deceased	from 2-6	, 19.6	e, to 2/1	()_, 19_(67 , thot((i) (we) last
		saw the deceased a	live on 2	196	39, and that in	(my) (our) opin	ion deoth occurred	on the dot	e ond hour a	nd from the
	-	causes stated above	(1) (we) (ala) (all	u not) view the boo	y after death			22r D	ATE SIGNED	
		- 17 anne	7/11/	sun l	DEGREE PHYS	IDING ME	ED. STAFF RECTOR PHYS.	\Box Z	/11/1	g .
Ш	ŀ	22d. PHYSICIAN S	L. C. C.	7	f.,	ADDRESS ,	1		1	
		NAME (Type) FRAM	VK WEA	verlor	. M.D. S	ALISbur	4, md.			
2	30	BURIAL, CREMATION, 23b.			SETERY OR CREMATOR	Y	23d LOCATION (City o		(County)	(Stote)
		DURING	-13-1969	PARSON	s Cemete	274	SALISBUI		COMICU	md
2	24. F	UNERAL DIRECTOR	11	ADDRESS	1	ZSO. REC'D BY		REGISTRAR S S	SIGNATURE	en.
\mathbb{R}^2		HILL FUNERAL	HOMP DE	Alustury A	MARY LONG	DATES- I- H	1 3 1959	1 1000 2010	or bestel Manage,"	1

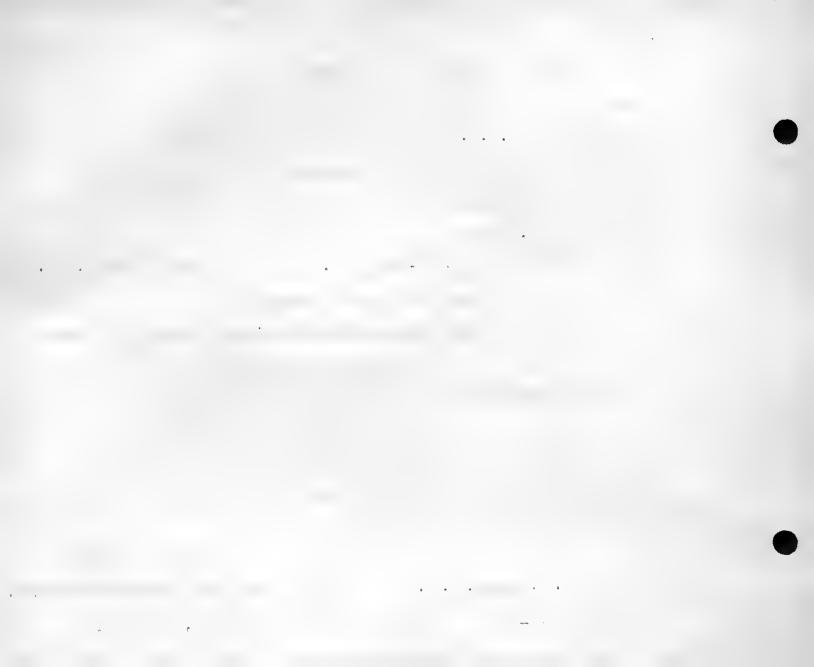
MARYLAND STATE DEPARTMENT OF HEALTH



_	MARILAND STATE DEPARTMENT OF HEALTH
1 1	03084 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
4 24	1 DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
deoth. nnerol and 2 death.	(Type or print) ADELENE WHITE CATHELL February 15, 1944 15
5 5 E	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years W. NDERLY YEAR IF JUNDER 24 MRS
E PE	FE, MALE WIHITE Jan. 6 1916 OSS birthdoy) NOW HOURS MIN
DO TO	70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
in 24 h	Maryland USA WIDOWED DIVORCED Wicomico
e executed within 24 snd completely filled remove carbon pope	10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 120 KIND OF BUSINESS OR 120 USUAL OCCUPATION (Kind of work done 120 USUAL OCCUPATION (Kind of work done
with Section 1	Salisbury Peninsula General Hospital during most of working life, even if retired) houstry retailing
ate be executed vicion and complete control on any event,	130 CSUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d inside CITY IMITS? 13e STREET AND NUMBER odmission) STATE, 13b COUNTY
ecu e	odmission) STATE NO 136 COUNTY OMICO SALLSBURY YES NO 409 51/10 HILL Tiedd
ex nud	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MA DEN NAME First Middle Lost
o po	Noah White Adell Malone
ificate be ex hysician and the ese rem ral, and in an	166 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no OUR Name of the series of the received
aquires that the death certific physician. signed by the attending mys burial-transit permit. It may burial, crematian, or removal,	and to look the desirate pool of a look to be a look to b
rem rem	BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH BETWEEN ONSET AND DEATH
aquires that the death physician. signed by the attendi burial-transit permit.	1MMEDIATE CAUSE (o) CONFIGURE 1 OS CHESTO POSITIFICA
he at per	DUE TO, OR AS A CONSEQUENCE OF
t to	nse to immediate couse (o). (b) asofile astery atterns the objections of bellesses
tror	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ires ysic ned rial- ial,	kss. (c) (c)
ogen sig bud loud	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
w ruling seen the	= / Manges motaule - / 45 cooped encludes.
V: The low requires the or ottending physician. The hos been signed by use as the burial-trorealth prior ta burial, cres	190 DATE OF OPERAT ON 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 200 AUTOSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 211 HOW INJURY OF CHIREFO (Finter nature of injury in Port 1 or Port 2 Item 18)
E to T of as #	2-9-69 VES NO CAUSES OF DEATH?
AN.	
Spir spir spir spir spir spir spir spir s	Iff either, notify medical examiner) P.M 19
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending mysician and completely filled it by merol director, page 3 should be detached for use as the burial-transit permit. The page fremove carbon pages, Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death	2 Id INJURY OCCURRED While Not while of work 2 Ie PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OFFICE BUILDING, ETC 2 If LOCATION Street or R.F.D. No City or Town County Shote
NG T the er tile de de de de de de	220 certify that (1) (this hashital) attended the deceased from 1-14-1967 to 7 15-19 68 that (1) (wa) less
MDIN d by Affee d be e Sta	220. I certify that (1) (this hospital) attended the deceased fram 1-14-1, 1967, to 2-15-, 1968, that (1) (we) las saw the deceased alive on 3-15-1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the bady after death.
TE South	
OR ATTENION DIRECTOR: A Should ed with the	226. SIGNATURE 226. DATE SIGNED 226. DATE SIGNED
DIR De De	Aller Charles PHYS DRECTOR PHYS 2-16-69
ITAI may RAI Pa be fi	22d PHYSICIAN NAME (Type) Jan.es Clifford MB 22e ADDRESS Medical Could Salary 47
TO HOSPITAL Page 4 may TO FUNERAL I director, pag , should be fill	Values citiford the
O Ho Page FU direction	23g BURIAL (REMATION, PREMOVAL ISPECTY) 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cty or Town) (County) (Stote) 2/18/1969 viconico Lenoriak Park Salisbury Vico. Laryland
5.5	Buriar 2/18/1969 viconico Lemoriak Park Salisbury Vico. Laryland 24 FUNERAL DIRECTOR ADDRESS 1250, REGISTRAR 1750, REGISTRAR
VR A15	Hill Funeral Hone Slisbury FEB 19 1969
33/11 12/40	TITLE TOTAL CONTROL OF TABLET



- 1				ID STATE DEPARTMENT OF I		
	03085	D)		301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMURE, MARYLAND 21201	0.000
H	. DECEASED-NAME	First	Middle	Lost	20. DATE OF DEATH	03887
ľ	(Type or print)	Ethel	Mae	Cohee	Feb Month 27 Day	26 HOUA
3	SEX		4 RACE	S. DATE OF BIRTH	6. AGE (In veors	IF JHDER 1 YEAR IF UNCER 24 HRS
	Female	}	White	March 12		MONTHS GAYS HOURS M N
7	o BIRTHPLACE (Stote o	r foreign 7b.	. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
Ļ	ountwaryla	nd	U.S.A.	WIDOWED K DIVORCED	Wicomico	M
	CITY OR TOWN OF D Salisbury		Deer's Head	State Hospital durin Ho	AL OCCUPATION (Kind of work done of work done of settred.)	175 KIND OF BUSINESS OR INDUSTRITONE
0	draission) STATE Warylan	Where deceased t	hved, if institution: Res dence before	Greensboro YES N	mirs? 13e street and number None	
	4 FATHER'S NAME	First	Middle cost	15 MOTHER'S MAIDEN NAME F	rsi Middle	Lost
L			H. Irwin	Mary Towe		
П	60 WAS DECEASED EV Yes, no or unknown)		dates of service)		Address	
F	NO		219-07-		Weaver Greensl	APPROXIMATE INTERVAL
ı		H WAS CAUSED BY	ne couse per line for (o), (b), and (c)	•		BETWEEN ONSET AND DEATH
ı	1/1/2	†MMEDIATE (DUE TO, OR AS A CONSEQUENCE OF	cerebral thrombosi	.8	9 years
П	Conditions, if any	which gove)		ive arterioscleroti	c cardiovacoules	Years
1	rise to immediate		DUE TO, OR AS A CONSEQUENCE OF		disease	
1	lost.)	(t)			
П				OT RELATED TO THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART I(0)	
	E Chi	onie py	elonephritis			
	SIEIO SIEIO		DIT ON FOR WHICH OPERATION WAS PE	YES NO 🗷	'	
		CAUSE OF CEATH	21b. TIME OF INJURY HOUR A.M Month Doy Year		r nature of injury in Part 1 or Part 2, It	em 18.)
	OR CONTRIBUTING (If either, notify notification notification notification notification notification notification notification notification notificat	RRED 21e PLA	P.M 1 CE OF INJURY (AT HOME, FARM, STREET, FA		City or Town	County State
ı	22g L sortify	that (1) (this is	paraital) attended the defear	nd fram 11/18 106	0 to 2/27 10 i	69 +b (1) () 1
ı	saw the	tedeased alive	an 2/27 He deceas	ed fram. 4/18 , 196 92 , and that in (my) (aur) api	nian death accurred an the dat	e and haur and from the
1		ated abave, (I) (we) (did) (did not) view the	bady after death.		
	22b. SIGNATURE	WILL	ralder, U	DEGREE PHYS D	AED. STAFF 22C D	ATE SIGNED 2/27/69
1	22d PHYSICIAN'S NAME (Type)	L. V.	. Maldve, M. D.	22e ADDRESS Deer's Me	ad State Mospital	:Salisbury.Md
2	30 BURIAL, CREMATIO	N, 236 DATE		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
-	REMOVAL (Specify)	1 3-2	2-69 Dent	ton	Denton, Caroli	ne Md
ľ	4. FUNERAL DIRECTOR	13.	ADDRESS	250 RET DA	Y REGISTRAR 256 REGISTRAR S	Cy Judge



		MAKTLAND STATE DEPARTMENT OF MEALIN	28082
	-	03086 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	10032
		MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
ſ .	1. 01	ECEASED NAME First Middle Lost 20 DATE KNOWN Month OF ESTI- 2 1	15 19 25. HOUR A
	L.	WILLIAM FOCAR COTTON IS DEATH MATED	19 10:41M
	3 . St	ing barbagos MONTHS DAYS MONTHS MAN MACHANINA	Yeor 2d HOUR
l,	_	M W Aug. 6, 1947 21 yrs 6 9 2 15	160 10. 48W
	70 l	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. COUNTY OF DEATH WILCOMICO	
		Baltimore Maryland U.S.A. MIDONED DIVOKED	Md Md
	10 (12b KIND OF BUSINESS OR INDUSTRY
	12.	USLA. RESIDENCE (Where deceased lived, if institution: Residence before) 3c. CITY OR TOWN 15d MISIDE CITY. MISS? 13e STREET AND MUMBER	
,	130	Imission) STATE 13b COUNTY YES TO NO TO	
4		ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	mberton Drive
3	1-4		(05)
	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT D #5 Dember to ADDINS S.	
	(У	es, no, or unknown) Utivas give wor or dates of services R. U. #5), Pelinber ton Dr., 56	alisbury, Md.
			APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter only one couse per une for (c), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Fractured skull	BETWEEN ONSET AND DEATH
		MAMICIATE CAUSE (a) The Course of Skull	Cays
		Conditions, if ony, which gove) the Crushed chest	davs
		rise to immediate couse (a). Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	days
		kast.	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	1
	ATIO.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
>	CERTIFICATION	WAS PERFORMED?	YES NO NO
	CER	216. EXTERNAL CAUSE WAS 216 TIME OF NJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Itel	
	MEDICAL	PRIMARY OF OR CONTRIBUTING 11 HOJRAN 2-13-69 Driver of auto involved in	1 vehicle
	ME	21d INJURY OCCURRED 21e P.ACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.)	County State
. 9		AT WORK AT WORK TO AT	lic., Md.
		220 certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X	and in my opinion
		death resulted from: Natural couses , Accident , Suicide , Hamicide , Undetermined manner [
		CHIEF MEDICAL EXAM.NER	
		ACTUAL SIGNATURE AND PASSISTANT MEDICAL EXAMINER 22b DATES	
		EXAMINER'S Dr. Earl L. Royer -DEPUTY MEDICAL EXAMINER - Feb.	-7./69
3		NAME (Type) 407 Camden Avenue, Salisbury, Md. ADDRESS(Street, city, lown, or county)	
	230	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	-	Burial 2-17-69 Wicomics Memorial Park Salisbury Wicomi	co Maryland
QL	24.	HALLOWAY and COMPANY SALISHED MARYLAND	
N	L.	HOLLOWAY and COMPANY SALISBORY, MARTLANDEEB 20 1969 MIL	4- Junglight
			The state of the s



1	1		DIVISION OF			EPARTMENT OF I STON STREET, BALL		21201	0.0.		
•	L	03083 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH									
of 2 offi.		luma or numbl	irst	Middle	-	Last	2a. DATE OF DEATH	h.		2b. HOUR	
death			teven	R.		Davis	Manth Feb	Day 2	1969	7:15 ^M	
	3 \$1		4 RACE			DATE OF BIRTH	6 AGE (1	years hand	F JNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MAIN	
	<u> </u>	Male		KKIK Colo		Tune 190		YRS			
	7a cau	BIRTHPLACE (State or foreign intry) Md.	75. CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Wigo	mice		Atlan	
:/		Salisbury	11 M give De	AME OF HOSPITAL OR INS	T TUTION (If nate	n haspital 12a USU	AL OCCUPATION (Kind of violat of working life, even	vark dane	12b. KIND OF B	USINESS OR	
7	13a adm	USUAL RES DENCE (Where de- ission) STATE Md.	eased liver of institu 136 COUNTY	tion Residence before Cecil	Cecilto	WN 13d INSIDE CITY I	O 13e, STREET AND I	IUMBER			
1	14	ATHER'S NAME First	Middle	Last	15 M	OTHER'S MAIDEN NAME	First	Middle		Last	
zŁ.		Stever		Davis			trude		Maa	son	
	160	WAS DECEASED EVER IN U.S. es, na, ar unknawn) (If yes a	ARMED FORCES? Ive war or dates of service)	16b. SOCIAL SECURITY I				Address			
	N	18. CAUSE OF DEATH (Enter	<u>-</u>	214-18-27		sses Davis	R.F.D. Mi	ddleto	wn, Del	ATE INTLEVAL	
	NO	Candit ans, if any, which garise to immediate cause (stating the underlying caulast. PART 2 OTHER SIGNIFICANT	(b) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			E LUC	CONDITION GIVEN IN PART	7 1(a)		7	
** ***********************************	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	2Da AUTOPSY? YES NO □	2Db. IF YES, WERE CAUSES OF DEATH		NSIDERED IN CEI	RTIFYING	
	CAL CES	21a. ACCIDENT WAS UNDER	DEATH HOUR A.M	F INJURY Manth Day Year	21c. HOW	INJURY OCCURRED (Ente	r nature of injury in Part 1	or Part 2, It	em (8.)		
	WED:	Ilf either, natify medical exc 21d. INJURY OCCURRED While Nat while at wark		AT HOME, FARM, STREET, FAC OFFICE BUILDING ETC.		TION Street at R.F.D. No	. City or Town		County	State	
		22a. I certify that (1) saw the decease causes stated ab		ended, the decense 23/69 l (did nat) view the		/17/65, 19 hat in (my) (our) ap hth.	, to 2/23 inion death occurred	69, 19 on the dote	, that e and havr a	(I) (we) last nd from the	
		22b SIGNATURE	Wha	ldu, 1	EGREE	PHYS Lab C	MED STAFF DIRECTOR PHYS.	220 D/	ATE SIGNED /23/69		
All Marie		22d. PHYSICIAN'S NAME (Type)	L. Maldve	M.D.		228. ADDRESS Box 2018,	Salisbury,	Md	21801		
			eb. 27, 196		cemetery or cri		23d LOCATION (City or Cecilton,		((aunty) Cecil,	(State) Md.	
R		FUNERAL DIRECTOR Edward Fellow	s & Son,	ADDRESS Millington	n, Md. 2	21651 250. REC'D E	2 7 1969	REGISTRARSS	IGNATURE).c	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 33084 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 20 DATE KNOWN 1. DECEASED-NAME First M.dole Last 2b. HOUR Month Day (Type or Print) EST WELDON ny deloy is 2, ond 3 to PM3. Poge LOUIS DRYDEN 5:05M 5 DEATH MATED the State Department 4 RACE 6 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH 2d. HOUR. Bay Yeor 5.05M 9-12-06 Male White 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED KINEVER MARRIED 9. COUNTY OF DEATH trem 18. Give Pages 1, Office along with form "Maryland Wicomico WIDOWED [DIVORCED U.S.A. IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2a LSUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR Mouthy 6 during most of working life, even if retired) Salisbury General 13a LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN F3d. INSIDE CITY LIMITS? deoth 3e STREET AND NUMBER admiss on) STATE 136 COUNTY Somerset Marion Box 153 Route 1. YES NO TX ond 2 ofter 14, FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Middle Lost Bell Gordon Louis Dryden Naomi hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 212-16-1680 Mrs Virginia A. Dryden, Marion, Md. in any event within 72 This certificate should be executed incote, writing the word "pending" in be forworded to the Chief Medical Ex 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH e certificate, writing the word "pending" is should be forworded to the Chief Medical PART I DEATH WAS CAUSED BY Coronar, occlusion ours IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if any, which gave rise to immediate cause (a). the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, cremation, or removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICAT ON 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO X YES 🗔 should be 210 EXTERNAL CAUSE WAS 21b, TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town State (ounty factory, office building, etc.) AT WORK AT WORK Inspection X Inquiry [30]. and in my apinian death resulted from: Natural causes [X] Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral FUNERAL Feb. 2l. S may be TO FUNER. Health DEPUTY MED CAL EXAMINER (XX) Salishury, MdADDRESS(Street, city, town; or county) NAME (Type) 1100 Camden 23c NAME OF CEMETERY OR PRIMARIORY 23a BLRIAL, CREMATION 23b DATE 23d LOCATION (City or Town) Rehoboth Methodist 2-24-1969 Rehobeth-Somerset-Md. ADDRESS 25b REGISTRAR'S 5 GNATURE. 250 REC'D BY REGISTRAR 1949 omo, Poromoke, Md. unera



	_ ,	1	03089		ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAL		
j		Ete	em5 Film 409 2/		CERTIFICATE OF DEATH	IIMORE, MARILAND 2(20)	03085
	# -24	I. D	CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	dea dea		(ype of print) Ola	V.	rlias	2 Manth 14 Day	7 /J M
	ours after death ours after death Pages 1 and 2 fours after death	3. 51		4. RACE	S. DATE OF BIRTH	6. AGE (in years last birthday)	UNDER 1 YEAR IF UNDER 24 HRS. MINHS DAYS HOURS MIN,
_	Para Para Para Para Para Para Para Para	70	Female BIRTHPLACE (State or foreign	Negro	11/22/88	1896 72 YRS.	
	4 5	cou	iv)	U.S.	8. MARRIED NEVER MARRIED NIVORCED NIVORCED	Vicomico	Md
	Par de la company de la compan	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I	NSTITUTION (If not in hospital 12a USt	JAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR INDUSTRY
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	MAKYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
<u> </u>	1 DECEASED NAME First Middle Lost 20, DATE OF DEATH 25, HOUR
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Ting oi th	sayses stored obove, (1) (we) (aid) (aid not) view the body after death.
Wilself Wilself	220 DATE SIGNED
be r be r bolke	paymond 11. John DEGREE PHYS DIRECTOR PHYS 12/23/69
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	1	MAKYLAND STATE DEPARTMENT OF HEALTH
7	П	03092 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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phy en en ava		
9 E	ı	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH
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45M - 1/45/	_	LEVIN R. WILSON PRINCESS ANNE, MD. DAILFEB 11 1969 Julian Co. Juli



	DIVISIO	MAKYLAND STAT ON OF VITAL RECORDS, 301 W.	E DEPARTMENT OF HEA PRESTON STREET BAITIMO		
1	83093		CATE OF DEATH	MARILAND 21201	J3089
# ¹ ± 2 ± ± .	DECEASED NAME First (Type or print)	Middle	Last 2	a. DATE OF DEATH	2b. HOUR
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₹ /\% /\$\	Female 4 RACI	White	S. DATE OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN
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rtificate physicia en plea aval, an	16a WAS DECEASED EVER IN U.S. ARMED FORCE: Yes, no, or unknown) 14 yes give war or dates of the control of th		INFORMANT (Daughter Mrs. G. Clifford) Address 209 Byrd, Crisfield	W. Main St. d. Maryland
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haupenge 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pashauld be filed with the State Dept. of Health priar to bur al, cremation, ar remaval, and in any event, within 72 hours	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS C	and ?	TO THE TERMINAL DISEASE OR COND		AFFROZIMATE INTERVAL BETWEEN ONSET AND DEATH
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SPI 4 n NER tar,	NAME (Type) Dr. Philip		Salisbury,		
TO HOSPITAL Page 4 may TO FUNERAL directar, pag should be f.		, 1969 Silverbrook	Cemetery Co.	Wilmington	(County) (State) Delaware
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		1/3/6	leh;	to	April 26	, 1897	7 1 YRS	MONTHS DAYS HOURS	MIN
	70	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8.	MARRIED 🔀 NEVER MARRIED	9 COUNTY OF D			
		Mary land	USA		IDOWED DIVORCED		omico		Md
	10	CITY OR TOWN OF DEATH		OF HOSPITAL OR INSTITU		d USUAL OCCUPATION (K	nd of work dans	126. KIND OF BUSINES	SS OR
		Salisbury	Peninsula	a Genera.	l Hospital	Farmer	t, even it retired ;	Farming	
	13d	. USUAL RESIDENCE (Where deced	sed lives, if institution 13b. COUNTY 13b. COUNTY 13b.			¬ ¬	T AND NUMBER		
-		ossion) STATE Maryland		comico P	ittsville YES	NO Rai	lroad Aven	iue	
	14.	FATHER'S NAME First	M. ddle	1202	15 MOTHER S MA DEN		Middle	Lost	t
	L	King		avenor		ate		Tarr	
	160	NAS DECEASED EVER IN U.S. AR	wer or drites of secure)	SOCIAL SECURITY NO	.7 INFORMANT (Wife	,		Box 72	
	-	Yes no, or unknown) (II yes give Yes War	I 2	219-07-672	5 Mrs. Anna I	E. Gravenor,	<u>Pittsvil</u>	le, Maryl	and
		18. CAUSE OF DEATH (Enter o	y ane cause per line fo	ir (a), (b), and (c))		_		APPROX MATE INTE	RVAL DEATH
ō		PART I DEATH WAS CAUSI IMMED	ATE CAUSE (a)	PULMO	MARY F	MROLUS		14 4 8	
snowld be tried with the state Dept. Of neolin prior to buriol, cremation, or removal, and in ony event, within 72 hours		2509	DUE TO, OR AS A						
2		(anditions if any, which gave rise to immediate cause (a),		AMPUT	ATION	1 FG - B	7	36 A B	2
	1	stoting the underlying cause		CONSEQUENCE OF					
	Ĺ	last	(c)	DIHOSE	FTFS M	ELL17US		5 YB 2	22
		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN II	PART 1(a)		
	ĕ								
	CERTIFICAT	190 DATE OF OPERATION 196	CONDITION FOR WHICH C	PERATION WAS PERFOR	MED 20a AUTOPSY?	20b. IF YE	S, WERE FINDINGS CON	ISIDERED IN CERTIFYIN	4G
.794		2/12/1969			YES	NO E			
	E	210 ACCIDENT WAS UNDERLYS OR CONTRIBUTING CAUSE OF DEA	E 10: 11:4E 01 11:51	URY onth Day Year	21c HOW INJURY OCCURRED	(Enter nature of injury i	n Part 1 or Part 2, Ite	m 18)	
	MEDICAL	(If either, natify medical exam	iner) P.M.	19					
	Æ	21d INJURY OCCURRED 21e	PLACE OF INJURY (AT H	OME, FARM, STREET FACTORY. CE BUILDING, ETC.	21f LOCATION Street or R	F.D. No. City or	Town	County	Stote
	П	at walk of walk					/		
	П	22a. I certify that (I) (the saw the deceased of	is hospita l) attende	d the deceased t	rom / J	, 19 <u>(~2</u> , to_~2	/ / 3 , 19 6	Z_, that (I) (v	ve) last
	1	saw the deceased of causes stoted abov				π) apinion death o(c	urred on the date	ond hour and fr	om the
		22b. SIGNATURE	27(17 (40) (0.0) (0.0	not) were the bad	A 1		22c Dê	ATE SIGNED	
	L	(John M)	Bl /	TH-	DEGREE PHYS	MED DIRECTOR D S	TAFF D .2/	115 /1963	Ç,
į	П	22d PHYSICIAN S	- CELLIN		22e. ADDRESS	- DIRECTOR - I	1113		
1		NAME (Type) JO 14	N' M. 1.	BLOXON	7. IL SA	LISBUB	Y, MAG	BY LAN,	0
	230		DATE	23c NAME OF CEME	TERY OR CREMATORY	23d EQCATION	(Cty at Tawn)	(Count) That	le)
		Bull la Specify) Fe	b. 18,1969	Line Chu	rch Cemetery) * *	Wicon	nicò,Maryl	and
1	24.	FUNERAL DIRECTOR		ADDRESS	2So. r	EB 2 U 196	256 REGISTRARS SI	GNATURE	
B		HOLLOWAY & COM	IPANY. SALI	SBURY, MAR	YLAND DATE	EB 2 0 196	2 Lucian	as Junger	



	MARILAND STATE DEPARTMENT OF REALTH	
1	ORDINATION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
•	03095 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	87
. (2)	DECEASED-NAME First Middle Lost & SR 20. DATE OF DEATH	at Have
ह ।		2b HOUR
8 438	(Type or print) RUSSELL H. GRIMES FEBRE Day Year	20 M
5 P	SEX . 4 RACE . 4 S DATE OF BIRTH 6 AGE (In years FUNDER YEAR	IF UNDER 24 HRS.
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y the Poge urs a		
hours by the s Poe hours	BIRTHPLACE (Stote or fore gn 7b CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	MARYLAND USA WIDOWED DIVORCED WICOMICO	Md
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with response	give street address IMDISTRY	USINE 35 OK
pletely i		
20 E 10 .	. JSUAL RESIDENCE (Where deceased high finistitution Residence before 13c CITY OR TOWN I 13d INSIDE CITY UM 137 13e STREET AND NUMBER	
d completely may completely may event, w.	MARYLAND 176 COUNTY Q.A. STEVENSVILLETES NOW ROWTE	
execution of company o	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
in on		COZI
	WILLIAM GRIMES FRANCES FURBUSH	
ar lec	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (If yes give wor or dates of service) 211 19-9794 MOC MOLLIE GO STOLLED STOLLED STOLLED SOCIAL SECURITY NO 211 19-9794 MOC MOLLIE GO STOLLED STOLLED SOCIAL SECURITY NO 17 INFORMANT	M
eath certific ending phys nit Then p	Yes, no, or unknown) (It yes give wor or dates of service) 214-18-9784 MRS, MOLLIE GRIMES - STEVENSVILLE	LE I'ID.
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to , to see	rise to immediate raise (a) (b) are the control of	
# 등 장 말 용	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sic	lost (c) 2 Large Decertifier	
PHYSICIAN: The law requires that the death certificate hospital or attending physician. his certificate hos been signed by the attending physician stacked for use as the bunial-transit permit. Then pleas Dept of Health prior to burial, cremotion, or removal, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHOR TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PARTY IS	
o b o b o b	1 C N November of Marketine	
din din	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 1206 IF YES, WERE FINDINGS CONSIDERED IN CER	N TO BUILD O
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A	OR CONTRIBLITING CAJSE OF GEATH HOUR A.M. Manth Day Year	
Spiral	OR CONTRIBLING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 21d No. IRY OF CHERED 21e PLACE OF INJURY AND HOME FARM STREET, FACTORY 1 21f INCATION Street or P. D. No. 1944 O. 1944 O	
ho ho acir	While I Not while I OFFICE BUILDING, ETC.	State
this he had the heart of the he	at wark ot work	
DING d by t After d be c	22a certify that (1) (this haspital) attended the deceased from 2/1, 1969, to 2/3, 1969, that	(I) (we) last
d b d b d b d b	saw the deceased glive an 1223 129, and that in (my) (aur) apinion death accurred on the date and haur a	nd from the
the course	causes stated above, (1) (we) (did) (did nat) view the body after death.	
TA 是 Di 表 主	226_SIGHATURED / 22c_BATE SIGNED	
OR ATTENDING be retained by the IRECTOR: After it e 3 should be di ed with the State	ATTENDING MED. STAFF	7/12
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the diginal Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate hos been signed by the attendence, page 3 should be detached for use as the burial-transit permiteror, page 3 should be detached for use as the burial-transit permiterory.	NAME (Type) MI.L.S. DROWN JALISBURY	110.
ect ale	BJRIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) . (County)	(State)
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45M - \$6.49	LUYCE IC, VIONED - CHURCH MILL I ID, DATE - 20 1000	<u> </u>



_	1			NO STATE DEPARTMENT OF HI		
	1		DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI!	MORE, MARYLAND 21201	
	ı	03096		CERTIFICATE OF DEATH	630	92
4 64		ECEASED NAME First	Middle	Losi	20. DATE OF DEATH	2b. HOUR
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- Pag 700	70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
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ely bon	Sa	lisbury	Peninsula Gene	eral Hospital	tousewife	ואטטאנז
of cor	130.	USUAL RESIDENCE (Where decease	sed liviled if institution: Residence before	: [13c CITY OR TOWN 13d, INSIDE CTY LIM.	ISe STREET AND NUMBER	
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ed Carrie		Levin (Collins Murray	Bett	tie	Onley
icte b	lóo	WAS DECEASED EVER IN U.S. ARA		NO 17. INFORMANT	Address	
		es, no, or unknown) (It yas give w	wor or dates at service) none	Calvin D. Gur	nm, Jr., Showe	ll. Md.
h cert	Г	18 CAUSE OF DEATH (Enter on	nly one cause per the for (a), (b), and (a			APPROX MATE INTERVAL
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equires that th physician. signed by the burial-tronsit I burial, cremati		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART I(o)	
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he of the horse	CERTIFICATION			YES NO []	CAUSES OF DEATH?	
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Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	THE HOUR A.M. Month Doy Yea		1015-0 0- 10-01-7-01-7-01-7-01-2, 11	16111 10 /
ospi cert hed hed	WED	21d. N. URY OCCURRED 21s.	PLACE OF INHERY AT HOME, FARM, STREET F	ACTORY) 21f. LOCATION Street or R.E.D. No.	City or Town	County State
Page 4 may be retained by the hospital or ottending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physician and completely filled a by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 haurs after death shauld be filled with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death		While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET F	211. COCATION SHEET OF KILD. NO.	City of town	COOINY 21018
DING d by t After d be c		22a. I certify that (1) (the	us hospital) attended the deceas	sed from 2-22,196	2, to 2-23-19	that (1) (see last
A P A P A P A P A P A P A P A P A P A P	1	saw the deceased a	live an 2 - 22 -	sed fram	ian death occurred an the dat	te and hour and from the
S S S S S S S S S S S S S S S S S S S	ı	causes stated above	e, (I) (we) (did) (d id not) view the	bady after death.		
With With With With With With With With		226 SIGNATURE	10	ATTENDING TO ME	D STAFF C	ATE SIGNED
			and h (ff	DICKLE PHYS D.R	ECTOR PHYS	2-23-67
AL AL Poor	1	22d. PHYSICIAN'S NAME (Type)		22e ADDRESS	12.0	//
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		· . 0 &1	mes L. Clifford		Center Jali	streng Me
FUS Part	230	BUR AL, (REMATION, 23b I			23d LOCATION (City or Town)	(County) (Stote)
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VP ATS (A)	24.	FONERAL DIRECTOR	ADDRES.			
VR ATS (4) 45M 1/69	5	Tured 1. W	Witen Pocomoke	City, Md. DAFR 2	6 1969 Polisal	An Jordan



_	L			D STATE DEPARTMENT OF H		
est.		83097		301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	12000
*		00001		CERTIFICATE OF DEATH		03093
# ^무 구 #		ECEASED NAME First Type or print)	Middle	Lost	2a DATE OF DEATH Month Doy	2b HOUR
deoth hera! ond 2	_	MARY	ELIZABETH	GUTHRIE	February 1 Doy	1969 9:45PM
Te T	3. S		4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
	_	Female	White	December 16,		MICHING SKIS NOOKS MINE
24 hours	70 cou	furin	b. CITIZEN OF WHAT COUNTRY?	MARKIED WEALK WHYKIED	9. COUNTY OF DEATH	
	l	Virginia	USA	WIDOWED X DIVORCED	WICOMICO	Md
· with.		Salisbury		neral Hospita during mo	CCCUPAT ON (Kind of work dane stof working the even if retired)	126 KIND OF BUSINESS OR INDUSTRY nursing
	13o odn	usual RES DENCE (Where deceased ission) STATE Maryland	lived, if institution Residence before 13b COUNTY Wicomico	Salisbury YES NO	TOUR PRINCES AND ANGUIDER	ay
ard of remover	14	FATHER'S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME FI	rst Middle	Last
n din din		Capt. John			Jane	Tatman
Sic d		WAS DECEASED EVER IN LS ARMET	or dales of service)	(Daugittei	Address21	7 S. Pineway
physen property	L	No	218-05-87	21A Mrs. Virginia M	lumford, Salisbur	y, Maryland
EHYSICEN: The law requires that the deoth certificote be executed to hospital or attending physician. This certificate has been signed by the ottending physician and conversatached for use as the burial-transit permit. Then please remove competed for use as the burial, cremation, or removal, and in any even the prior to burial, cremation, or removal, and in any even the prior to burial.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I IMMEDIATE	one couse per line for fa) (b) and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he de perm îron, c		4-7	DUE TO, OR AS A CONSEQUENCE OF	nearly of Oc	who al andes	120
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uire hysi gne gne uria			(t)	OT RELATED TO THE TERMINAL DISEASE OR CO	NOTE ON COVEN IN PART 1/01	
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Pitition of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 19	7		
EIIVS le hos his cer stache Dept.	ME			(TORY.) 21f LOCATION Street or R.F.D. No.	City or Tawn	County State
NG y th her t note		OT WOLK OT WOLK	haspital) attended the decease	ed from 1 20/62, 19	10 211 6919	, that (I) (we) ast
TO HOSPITAL OR ATTENDING MIYSICLEN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-tron should be filed with the State Dept. of Health prior to burial, cren		saw the deceased aliv	(i) (we) (dia) (did nat) view the	9, and that in (thy) (dur) apir	nian death occurred on the dat	te and haur and fram the
AT BETTO		22b. SIGNATURE	1 11 01	ATTENDING IS ME	22c C	ATE SIGNED
OR be be ge 3 ge 3 led		anu	& HEAVEN		D. STAFF PHYS Feb	ruary 3/1969
PITAL 1 moy ERAL or, po		22d. PHYSICIAN'S NAME (Type) Dr. Ca	rrie Hearn	22e. ADDRESS 226 N. Div	vision St., Salis	bury, Md.
HO.	230	BURIAL, CREMATION, 236 DA	TE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 5 V		Burial, CREMATION, 23b DA REMOVAL (Specify) Burial Feb		s Cemetery	Salisbury, Wicomi	
VE ALL SV	24	FUNERAL DIRECTOR	ADDRESS	250—9EC D. BY	REGISTRAP 69 256 REGISTRARS	SIGNATURE
45M - 11/48		HOLLOWAY & COM	PANY, SALISBURY,	MARYLAND DATE		



1			DIVISION OF	VITAL RECORDS,	301 W.	PRESTON STR		.TH RE, MARYLAND 21201	0309	*
	L	8388x			CERTIF	ICATE OF	DEATH			240
deral and 2 death.	1 0	ECEASED NAME First (ype or print)		Middle		Lost	20	. DATE OF DEATH	Day Year	2b HOUR
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y event, within 72 hours affer	3 SI		4. RACE	77. 8.1		S. DATE OF BIS		6. AGE (in years lost birthday)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
2	L	Female		Vhite		1/9/1	.890	79 v	RS. MONTES ONLY	MODK1 ININ
hou	7o :	BIRTHPLACE (Stote or foreign	b. CITIZEN OF WI			D 🔲 NEVER MARK	RIFD 9. CO	UNTY OF DEATH		
		"Maryland	USA		WIDOWE		CED 🗌	Wicomico		Mc
91		Salisbury	g De	AME OF HOSPITAL OR INS street address) er sheads	tateH	ospital	duripa Mass of	UPAT ON (Kind of work do working life, even if retired WILL O	d) INDUSTRY	BUSINESS OR home
	13o odm	USUA RESIDENCE (Where decease	lived, if institut	on Residence before	Bali Bali	sbury	YES NO E	130 STREET AND NUMBER S. Division		1
1	14. [ATHER'S NAME First	Middle	Lost		15 MOTHERS MA	IDEN NAME First	Middle		Lost
		Lybrand		Thomas			Erma		Webster	1
	lóo.	WAS DECEASED EVER IN U.S. ARME		16b SOCIAL SECURITY I	NO 17	INFORMANT	3-3 64-11-4	Address		
	,	es, no, or unknown) (If yes give well	or dates of service)	220 01 926	66n 1	Mrs. Amo	s E. Lan	g see sec. []	3	
		18 CAUSE OF DEATH (Enter only	one couse per li					7.	APPROX	HMATE INTERVAL ONSET AND DEATH
1		PART I. DEATH WAS CAUSED IMMEDIAT	BY:	Pulmonary		a Due To	Multiple	e Emboli.		LYS
		1x30		AS A CONSEQUENCE OF						3 5
polital, cremonals, or removal, ond in any		Conditions, flony, which gove)	(b)		arcin	oma of R	ight Ova	rycMetatasis	Ye	ars
		rise to immediate couse (a), (stating the underlying cause)		AS A CONSEQUENCE OF		011104 02 21		3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
		last.	(c)							
		PART 2 OTHER SIGNIFICANT COND		TING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	ION GIVEN IN PART 1(n)		
				Carcinoma					V	ears
	CERTIFICATION	190 DATE OF OPERATION 19b. CO	NOITION FOR WH	CH OPERATION WAS PE		2Do. AUTOP		206 IF YES, WERE FINDING		
/	IIFIC					YES 🐹	NO 🗆	CAUSES OF DEATH?		
,		2To ACCIDENT WAS UNDERLYING	21b TIME OF	FINJURY	210	_		re of injury in Port 1 or Port	2. Item 18.1	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M	Month Day Year			,	1 7		
	MED	21d INJURY OCCURRED 21e P		AT HOME FARM, STREET FAC OFF CE BUILDING ETC.	TORY.) 21f.	LOCATION Street	or R.F.D. No	City or Town	County	Stote
		of work U								
		22a. I certify that (I) (this saw the deceased alm	haspital) atte	ended the decease	ed from .	3/12/60	, 19	to 2/2/09	19, that	t (I) (we) last
		saw the deceased alm causes stated above,	/e on <u>C.f.</u> (I) (we) (did)	(did not) view the	hady ofto	nd that in (my r death) (aur) opinion	death occurred on the	date and hour	and from the
		22b SIGNATURE	(1) (we) (uid)	(ala liot) view ine i	oouy one			1 2	2c DATE SIGNED	
		191th	ni	4/11	DEI	GREE PHYS	MED DIRECTO	OR STAFF PHYS.	Feb. 2,	1969
,		290 PHYSICIAN'S	111	0000	011	22e ADDR	FSS			
1			C. Mitc	hell, M.D.		Box	2018, Sa	lisbury, Mar	yland - 2	21801
	23o	BURIAL, CREMATION, 23b DA		23c NAME OF	CEMETERY O	R CREMATORY	23đ	LDCAT-DN (Gity or Town)	(County)	(State)
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		1			ID STATE DEPARTMENT O		03095
17.			03099	DIVISION OF VITAL RECORDS,			00000
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_	Por Person		BIRTHP_ACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	1	9. COUNTY OF DEATH	
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospital or attending physician. NIECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 shauld be detached for use as the bur al-transit permit. Then bease canade carbon papers: Poges 1 and sed with the State Dept at Health prior to burial, cremation, ar remaval, and in any event, with: 72 hours after death earth.		ntry)		8 MARRIED X NEVER MARRIED WIDOWED DIVORCED		
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	year bag * /	10	Salisburg	Ulicomico No	orsing home	g most of working life, even if retired)	FARM
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	ecu corr ave y ev		MARYIAND	Hap county	Deviin	NO 12 Pt. 2 Box	65
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	AN For Her		OR CONTRIBUTING CAUSE OF DEAT		216 HOW INJURY OCCURRED (I	Enter nature of injury in Part 1 or Port 2,	Item 18)
	Signature of a feet of a f	MEDICAL	(If either, notify medical exami	ner) P.M. 1	9		
	G PHYSICI the hospiti this certifi detached te Dept af	2	21d MauRY OCCURRED 21e While I Not while I	PLACE OF INJURY (AT HOME, EARM, STREET, FA	CIORY,) 21f. LOCATION Street at R.F.D.	. No City or Town	County State
	the det	П	at wark at wark				
	by ffer ffer be Stat	П	22a I certify that (1) th	is haspital) attended the deceas	ed from 2-10,1	965, to 2-21, 19	69, that (I) (we) last
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	T in the state of	П	22b SIGNATURE	the forest (and find a light stew line	bady after death.	no.	DATE SIGNED
	REC 3 s			de de	DEGREE PHYS	MED CONSTAFF COLL	a a a a
			22d. PHYSICIAN S	alterior 173	DEGREE PHYS &	DIRECTOR L PHYS. L	-22-69
	RAL RAL Peripe		NAME (Type)	{/	ZZE ADDRESS		
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	Already Code	230	BURIAL, CREMATION, 23b. REMOVAL (Specify) 2	In 41 C ZSC NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
	5 5	24	FUNERAL DIRECTOR	27/69 LV	GRGREC N		MIDR / D'
	VR ATOWAL	24	A A	But her Buil	Mass	'D BY REGISTRAR 25b. REGISTRAR	DIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH



1	1			ID STATE DEPARTMENT OF 301 W. PRESTON STREET, BA		
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death and 2 death		ECEASED NAME First Type or print) Mary	Middle M	HAYES	2a. DATE OF DEATH Manth Doy FEGGUARY 2.5	2b HOUR 4 969 12A M
Page 1	3 \$	F'	4. RACE	s. DATE OF BIRTH	6 AGE (In years last burthday) 48 YRS.	FUNDER I YEAR OF UNDER 24 HRS, MONTHS DAYS HOURS MIN
24 hour d in by pers.	tou	arvland	U.S.A.	8 MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Wicomico	Mđ
within 24 ely filled bon pope , within 77	Sa	Alisbury	Peninsula Gen	eral Hospital	ISUA, OCCUPAT ON (Kind of work done most programmed)	126. KIND OF BUSINESS OR INDUSTRY
exeruted ind searpilet kemove sar kemove sar in any event	adm	Hary Tand	lived, if institution. Residence before	13c CITY OR TOWN 3d MS,DE C		
n and n	14	FATHER'S NAME First	M.odle Last	IS MOTHER'S MAIDEN NAM		Last
ficote by ysician please please ol, and i	16a.	WAS DECEASED EVER IN U.S. ARME (es, no, or unknown) (If yes give wer	D FORCES? Or dates of service) 16b. SOCIAL SECURITY		Address	Bird
certi ig ph Then move	F	18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c)	Sarah King	R.F.D.#2 Alle	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physicion. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and reampletely filled in by the fundal director, page 3 should be detached far use as the burial-transit permit. Then please kemove carbon papers. Page 1 and should be filed with the State Dept. at Health prior to burial, cremotion, or removal, and in any event, within 72 hours, after death		PART I. DEATH WAS CAUSED IMMEDIATE (Conditions, if any which gove)	ane couse per line for (a), (b), and (c). BY. CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	SIASIS		DETAILER MASEL WAT DEVILLE
equires that th physicion. signed by the burial-transit burial, cremoti		nise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	7 VVIVIT		
The low requires the attending physicion. hos been signed by se as the burial-traith prior to burial, cre	~	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE (DR CONDITION GIVEN IN PART I(a)	
The lov attend hos be use as t	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	YES NO	←	
SICIAN: spital or artificate ed far u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTR BUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Day Year P.M.		nter nature of injury in Part 1 or Port 2, t	tem 18.)
NING PHYSICIAL by the haspital ffer this certifice be detached fai	×	of work of work		TORY.) 21f LOCATION Street or R.F.D		Caunty State
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OR ATTENI be retained DIRECTOR: A ge 3 should led with the		22b SGNATURE SIMMES F	Dallaher	DEGREE ATTENDING PHYS	MED. STAFF 22c D	DATE SIGNED /69
O HOSPITAL Poge 4 may O FUNERAL director, pag should be fi		22d PHYS CIANS NAME (Type)		22e. ADDRESS	/	ί
O HC Poge O FUI shou	23a.	BURIAL, CREMATION, 23b. DA	TE 23c NAME OF Creen	CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Salisbury Mic	(County) (Stote)
VR AIS AR		FUNERAL DIRECTOR	ADDRESS	250 REV	B 2 1969 25b. REGISTRAR 3.	Amir Md.
45M - 1200		ntor Fix	want sale	1 4ma DATE C.	D = 1 1000	



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	ئىر لاھىيى ئىر	1 D	ECEASED-NAME Firs		Middle	Lost		DATE OF DEATH	- 030	9 Pb HOUR
	after death		Tuno or arenth		ROSA	HAYWARD		February 7	Day 1969 Year	6.00PM
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E	campli campli	odm	ission) STATE	116 COUNTY		Salisbur	YES CO NO CO		rt.Street	2
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	physical plear plear aval, ar	-	res, na. ar unknawn) (II yes give NO		4-10-8080	JA Mr. AI	ndrew W. Ha	yward, Salis		WATE INTERVAL
	e death ce attending permit. Th an, ar rem		1B CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			4	0		BETWEEN DI	MSET AND DEATH
	he death attendio permit. ian, ar re			ATE CAUSE (a)REC		rcinoma (or cervix w	ith generali		<u>yrs (?)</u>
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	hat n. yy ff ansi		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF					
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	The law ratending attending has been se as the hprior to	FICAT	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH O	PERATION WAS PERFO		AUTOPSY?	20b IF YES, WERE FINDING CAUSES OF DEATH?	IGS CONSIDERED IN CE	RTIFYING
	or age to the factor of the fa	CERTIFICAT	21a. ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJ	IDA		NO X	re of injury in Part 1 or Par	et 2 Norm 10 l	
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	this this deta		at wark of work					·		
	by the by the street of the st		22a. I certify that; (1) (t)	is haspital) attende	ed the deceased	from November	er 11, 19.65	to ebruary (19 <u>69</u> , that	(+) (we) last
	TEN ined Str. /		causes stated a bay	e, 4) (we) (did) (&id	not view the bac	dy after death.	ι (καν) (aur) apinian	death accurred on the	e date and havr o	ind train the
	OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		22b SIGNATURE	11.01). 11.	^	ENDING - MED	CTACC	22c DATE SIGNED	
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	RAL RAL Pool		22d. PHYSICIAN S NAME (Type) T	Maldve, M.	D.		ADDRESS Deer's Head	State Hospi		
	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	23c		DATE		NETERY OR CREMATO		LOCATION (City or Town)	((ounty)	(State)
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		24	FUNERAL DIRECTOR		ADDRESS		2So RECT BY REG	SIDRAR19602Sb REGISTR	HARE BIGHARUR ARE	THE STATE OF THE S
	45M 1 69		HOLLOWAY & CO	MPANY, SAL	ISBURY, MA	ARYLAND	DATE	0 11.00		

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	n .	MAKILAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•		03103 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
funeral funeral s 1 and 2 ter death.		ECEASED-NAME SHIFT Middle HEARNE 20 DATE OF DEATH [ype or print] SHIFRON A. HEARNE FERP Mainth Dovy 9 Years 9 748
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician. **IRECTOR:** After this certificate has been signed by the attending physic an and completely filled in by the funeral as should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 ad with the State Dept. of Health priar ta burial, cremation, ar remayal, and up any event, within 72 haurs ofter death.	3 5	4. RACE S DATE OF BIRTH 6. AGE (In years if under year if under 24 HRS dist burnday) MONTHS DAYS HOURS MIN
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ithin 24 y filled on pape	1	TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of wark ng life, even if retired) 120 USUAL OCCUPATION (Kind of work dane during mast of wark ng life, even if retired) 120 KIND OF BUSINESS OR INDUSTRY
mpletel e carbo	13a	US_AL RESIDENCE (Where deceased lived, f institution Residence before 13c CITY OR TOWN 13d MSDE CITY UM TS? 13e STREET AND NUMBER 1554001) STATE
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icate be executed with fican and completely f please remave carban and to any event, with		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknawn) (II yes give war or datas of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Address
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he has this ce letache Dept.	×	21d. INJURY OCCURRED While Nat while of work All HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Yown County State
NDING Id by f After d be d e State		22a. 1 certify that (I) (this haspital) attended the deceased fram, 19, ta, 19, that (I) (we) las saw the deceased alive an19, and that in (my) (aur) apinian death accurred on the date and have and fram the causes stated above, (I) (we) (did) (did nat) view the bady after death.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transpay of the filed with the State Dept. of Health priar ta burial, crees.		22b. SIGNATURE 22c. DATE SIGNED ,
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ro Hospital Page 4 may ro Funeral I director, page	23a	BURIA. CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State)
OU	24	REMOVA (Spec (V) 2-22-69 GREEN FLORES SALISBURY W.Co., AND. FUNERAL DIRECTOR ADDRESS A 250. REC'D BY REGISTRAR'S SIGNATURE
VR A15 1	L	folley memorial Chapel of Easterbury Sul DATE EFR 2 8- 1989 yellowelles your



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- []		03104	DIVISION OF V			TE OF DE		E, MAKYLAND	21201	0310	0
± −2±		CEASED-NAME First		Middle		Lost	20.	DATE OF DEATH	.) 5	м	2b. HOUR
after death.	(1	ype ar print) ED. AR	D	BRADSHAW	I H	ITCHENS		Mont	th Day	y 1969	KP. I
fun 1	3. SE		4. RACE	2.412.0.12.11		DATE OF BIRTH		6 AGE (In years	IF UNCER I YEAR	IF UNCER 24 HRS.
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and completely fillegremave carban paper any event, within		Salisbury	give str Pen	eet address) insula. Ge	neral F	ospital	uring most of a	working life, ever	r if retired.)	Pasta	
lete carb int,	13a.	JSUAL RESIDENCE (Where deceas	ed lived if institution	Residence before	13c. CITY OR T	DWN 13d. 10	SIDE CITY LIMITS?	13e STREET AND	NUMBER		
ve carl event,	odm	ssion) STATE	13b COUNTY	mico	Salish	ury YES	NO .	510 Bue	na Vis	sta Ave.,	
	14. [ATHERS NAME First	Middle	Last	15	MOTHER'S MAIDEN	NAME First		Middle		Last
/E		Edward	L.	Hitche	ns		Senear	У		Truitt	
	16a.	WAS DECEASED EVER IN U.S. ARA		6b. SOCIAL SECURITY	NO. 17 INF	ORMANT			Address		
	۲	es, no, ar unknawn) (If yes give w	ar or dates of service)	14-10-957	2 Mrs	. Vera E	Hitc	hens. se	e sec	13.	
D LE D		18. CAUSE OF DEATH (Enter on				10				APPROXIMA BETWEEN ONS	JE INTERVAL
		PART 1. DEATH WAS CAUSED	BY	a mu		1 Caro	cor 500	wear	,	71291	til and
permit ian, ar		IMMEDIA	ATÉ CAUSE (a)	A CONSEQUENCE OF	1		/				
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f Health prior to b	_										
ופר	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF YES, WER	RE FINDINGS	CONSIDERED IN CER	TIFYING
d /	읱					YES P	NO 🗀	CAUSES OF DEAT	H?		
		21a. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF I		21c. HOV	INJURY OCCURRE	(Enter natur	e of injury in Port	1 or Port 2,	Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF CEAT	HOUR A.M.	Month Doy Yeor	0						
	MED	21d. INJJRY OCCURRED 21e	PLACE OF INJURY (T HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY, 21f. LOCA	ATION Street or R	F.D No	City or Town		County	Stote
		While Not while at wark	(PERCE BUILDING, EIC	1						
		22a. I certify that (I) (th	is haspital) atter	ded the deceas	ed from2	-12	, 1904	10 2 15	, 19	04 , that (I) (we) las
7		22a. I certify that (I) (the saw the deceased a causes stated above	live an2	.5.6	9 60 6, and	that in (my) (o	ur) apinion	death occurred	d an the do	ate and havr a	nd from th
nied with the State Dept.		couses stated above	e, (I) (wg) (did) (c	lid not) view the	body atter de	ath.					
-		22b. SIGNATURE	1/11/1.	.7		ATTENDING	MED.	STAFF	220	DATE SIGNED	
		1100	neu	<u> </u>	DEGREE	PHYS.	DIRECTO	R L PHYS.			
1		22d. PHYSICIAN'S NAME (Type)	TER!	10.		22e. ADDRESS	will Co	ules for	July	the May	K
-		(V)	12,0110	1/6		11 0000	W. C.	1524 121V	VV CVIN	1.5	
	23a.	BURIAL, CREMATION, 23b REMOVAL (Specify)		23c. NAME OF	CEMETERY OR C	REMATORY		LOCATION (City o		((County)	(Stote)
	04		8-1969	St. ite		Cenetery		elmar Su			9
JR.	29	FUNERAL DIRECTOR Hill Funeral 1	Iome Sal	isbury,			1 5 50 4	URAR 1969°Sb.	NEDISTRAK.	The state of	ge
1/68		TIME E OUTON ONE I		0 9 .	V	DAT	ž.				



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03103 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT: 1 DECEASED-NAME First Middle Month Doy 20. DATE KNOWNIX 2b HOUR (Type or Print) ESTI any deloy is 2, and 3 to PM3. Page 1969 8 35 M **JOHN** PHILLIP HYNSON DEATH MATED 6 AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 59 8:35 A February 100 ..69 White Oct. 13,1909 Male the State Depart 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH them 18. Give Pages 1, Office along with form WICOMICO WIDOWED F DIVORCED F Delaware USA 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR after death during most of working life, even if ret red.) INDUSTRY Penthauta General Hospital Salisbury Rulk Petro Plant 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland 136 COUNTY Wicomico 114 Walston Avenue Salisbury YES NO This certificate should be executed within 24 hours z-tem] Land 2 after 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Plummer John Wesley Lenora Hynson haurs pode ADDRESS 14 Walston Ave. 17 INFORMANT (Wife) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO pencil ne certificate, writing the word "pending" in pencil should be forwarded to the Chief Medicol Examin (Yes no, or unknown) Mrs. Evelyn D. Hynson, Salisbury, Maryland 221-09-3725 Fie in ony event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND GEATH permit PART I. DEATH WAS CAUSED BY. Coronary occlusion sud len IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if only, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse remayal, and PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🖂 NO K pe 5 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) should PRIMARY OR CONTRIBUTING HOUR A.M. buriol, cremotion, DICAL EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No 21d INJURY OCCURRED City or Town County Stote foctory, office building, etc.) WHILE MOT WHILE C Inspection X Inquiry X and in my opinion death resulted from: Notural couses [X] Accident . Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE February 11 Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER K EXAMINER'S 5 may TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) 409 Camden Ave., Salisbury, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Feb. 13, 1969 Riverview Cemetery Wilmington Delaware Buria1 24. FUNERAL DIRECTOR 25b REGISTRAR S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND 6 Cironel By Judge VR A15ME (5) 1989 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



				IND STATE DEPARTMENT OF		
		00300	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
		03106		CERTIFICATE OF DEATH		03162
£ -===		ECEASED-NAME First		A Last	20 DATE OF DEATH	2b. HOUR
death	1	(ype ar print)	am 7	4 en King	Fel- Manth D	Year M
er er	3 5	X	4. RACE	S DATE OF BIRTH	6 AGE (n years	FUNDER LYEAR OF UNDER 24 HRS
ours affei by the f		MALE	WHITE	NOV.12,18		MONTHS DAVS HOURS MIN
by by	70.	BIRTHPEACE (State or foreign	75 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
d in Joers	ca)	Ď.	U.S.A.	WIDOWED DIVORCED	Wicomico	Md.
E E	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in haspital 12a USI	JAL OCCUPATION (Kind of work done	13P KIND OF BIRINESS OF
# Ap up a mage of the mage of		lisbury	Peninsula G	eneral Hospital	nast at warking life, even it retired) RETTRED FARN	INDUSTRY
executed within 24 hours after additional and completely filled in by the full and event, within 72 hours after any event, within 72 hours after a filled any event, within 72 hours after a full and event.	13a adm	USUAL RES DENCE (Where deceases) STATE	ed tived, if institution Residence before SOMERSET	TB 13c C TY OR TOWN 13d INSIDE CITY		
10 4 2 6 7				THINGESS WIN ARE		
	14	FATHER'S NAME First	Middle Last			Los*
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ficat ysia ple			var or dates of service)		Address	
phy	⊨	LO CAMPE AS BEATLY		MR.CLYDE JENK	INS PRINCESS	ANNE MD
ss that the death certificate be licion. Icion. Idea by the attending physicion of the please in cemaval, and in the condition, or remaval, and in the condition.		PART . DEATH WAS CAUSE	y ane cause per line for (a), (b), and D 8Y	This a De Sola	1 Hoset Do	BETWEEN ONSET AND DEATH
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e al		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE	OF		
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equires that fl physician. signed by the burial-transit burial, cremat		PART 2 OTHER SIGNIFICANT CO		NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(n)	
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IAN: The law real or attending of an attending ficate has been far use as the Health prior to 1	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The atte	I H			YES NO [CAUSES OF DEATH?	
ar are ealt		210. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enti-	er nature of injury in Part 1 ar Part 2	, Item 18.)
CCIA Sittle Sitt	MEDICAL	or contributing cause of deal	H HOUR A.M. Manth Day Ye ner) P.M.	ar 19		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physicians 3 shauld be detached far use as the burial-transit permit. Then pleased with the State Dept af Health priar ta burial, crematian, ar remaval, and	Ж	21d INBIRY OCCUPRED 121e		FACTORY.) 21f LOCATION Street or R.F.D. No	D. City or Town	County State
the Detre Detre		While Nat while at wark			10 00	
TENDING ined by the DR: After auld be d		220. I certify that (I) (th	is haspital) attended the decer	ised fram 2 72 19	67,10 2 00,1	that (Live) jost
ATTEND etained CTOR: A should should		saw the deceased a	e, (I) (we) (did) (did not) view th	_ 17	inion deoth accurred on the d	iote and hour and from the
R ATTEN retained ECTOR: / S should with the		22b. SIGNATURE		Λ	220	. DATE SIGNED
08 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		100,000	1 D. Elle	DEGREE PHYS	MED STAFF DIRECTOR PHYS	1.28-69
AL DAG	l	22d. PHYSICIAN S		22e. ADDRESS		
SPH 4 m 4 ER, der, deb,		NAME (Type)				
TO HOSPITAL OR ATTEN Page 4 may be retained FO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	2 3a.	BURIAL, CREMATION, 23b		OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5 5 5 ×		BURTAL 3/	2/1969 BEECH		EMETERY PRINCE	
VR AID		FUNERAL DIRECTOR EVIN R. WILS	SON PRINCESS A			S SIGNATURE
45M 11/38	<u> </u>	MAN THE STATE OF THE PARTY OF	OH FRINCESS P	INNE, MD. DATMAR	7 1969 1000	7





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		93108	DIVISION OF VI	TAL RECORDS,	301 W. PRESTON STREE	ET, BALTIMORE, MAR1	(LAND 21201	004.
		00700			ERTIFICATE OF D			0310%
4 _24		CEASED-NAME / First		Middle	, Losi	Zo. DATE OF D		Year 26. HOUR
death.	(1	ype or print)	MAVE	B.	JOHNSON	V FEBL	Wanth V Day	108/9 1750 M
	3. SE	X	4 RACE		S. DATE OF BIRTH		AGE (n years	F UNDER YEAR IF UNDER 24 HRS
offer offer	1	MALE	NE	Gha	not.	2.1931	last birthday)	MONTHS DAYS HOURS MIN
Urs Poly Turs	7a 1	IRTHPLACE (State or Lore gn	76 CITIZEN OF WHAT	COUNTRY?	8		37 YRS.	
filled in by g n papers. Pod ithin 72 haurs	cant	md.	1/5	COOMINT:	MARRIED NEVER MARRIE WIDOWED DIVORCEE	VI I	omico	**1
n 24 Illed pap pap pin 7	10. (TY OR TOWN OF DEATH	II. NAME	OF HOSPITAL OR INS	TITUTION (If not in haspital	12a USUAL OCCUPAT ON (I		12b KIND OF BUSINESS OR
equires that the death certificate be Executed within 24 haurs after physician. Signed by the attending physician and tomple ely filled in by the burial-transit permit. Then please remaye of ban papers. Page burial, cremation, ar remayal, and in any event, within 72 haurs at	Sa.	lisbury Pe	ninsula	Genera.	L Hospital	during most of working if	e, even if retired)	INDUSTRY
P P T T T	.3a	USUAL RESIDENCE (Where decease	ed livéd, finstitution	Residence before	13c City OR TOWN / F 13d.		ET AND, NUMBER	
of tomple	aam	ss an) STATE Md.	160 COUNTY SO	MERSE	CrisFIELD Y	IS P NO 3/	1 LOCUST	57.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be Executed be retained by the haspital ar attending physician. JIRECTOR: After this certificate has been signed by the attending physician and Comple 8 3 should be detached far use as the burial-transit permit. Then please remaye of ed with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event	14 F	ATHERS NAME First	Middle	last	IS MOTHER 5 MAIDE	N NAME First	Middle	Last
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icate sicic plea I, an	16a _Y	WAS DECEASED EVER IN U.S. ARM 25, na, ar unknawn) (If yes give w	VPD FORCES? 16 From dates of service)	b SOCIAL SECURITY I		- 5-6	Address	-1/m)
e death certificate b attending physician permit. Then please on, ar remaval, and i				14-28-3		CONVISOR	Crist	APPROXIMATE INTERVAL
ing h		 CAUSE OF DEATH (Enter online) PART I DEATH WAS CAUSED 	l y one cause per line fi n RY	ar (a), (b), and (c).	n	1	A	BETWEEN ONSET AND DEATH
end mit.		IMMEDIA	TE CAUSE (a)		Kena	I fai	lure.	72 hrs
att peri		- //	DUE TO OR AS A	CONSEQUENCE OF	AT		4	,
t the the nation		Canditians, if any which gave	(b)		Nepa	tic last	ure	15 days
tha an. by ran ren		rise to immediate cause (a), (stating the underlying cause)		CONSEQUENCE OF		1		
equires that the physician. signed by the burial-transit purial, cremati		rast	(c)	Lae	nnews Cir	rhosis		36 days
sign bhy buri		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	G TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE ORCOND TION GIVEN	N PART I(o)	
ing ing	≥	06.	Muctic	on of	transfers	e colon	due to an	note stone bans
s be as to rioi	STIC	1	CONDITION FOR WHICH	OPERATION WAS PE	FORMED 20a. AUTOPSY	7 20b. IF Y	ES WERE FINDINGS COI	NSIDERED IN CERTIFICING
at the start ×	CERTIFICATION	1-23-69	Inteston	al obsi	ruction YES []	NO CAUSES C		
N		21 a. ACC DENT WAS UNDERLYING CAUSE OF DEATH	4.0		21c. HOW INJURY OCCUR	RED (Enter nature of injury	in Part 1 ar Part 2, Ite	am 18 }
A Pin	MEDICAL	(If either, natify medical examin		fanth Day Year 19				
HYS has s ce siche spt.	W	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET, EAC	(ORY.) 21f. LOCATION Street or	R.F.D. No. City or	Tawn	County State
JING PHYSICIAN: The law requires the by the haspital ar attending physician. Ther this certificate has been signed by be detached for use as the burial-transtate Dept. of Health priar to burial, cre								
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OR ATTENE be retained bIRECTOR: A ge 3 should ed with the	П	22a. I certify that (I) (thi saw the deceased al causes stated above	ive an	ngt) view the	g 127_, and that in (my) (aur Popinian death ac	curred on the date	e and haur and from the
ith Short	П	22b. SIGNATURE	717		2027 21101 2021111		22r D/	ATE SIGNED
OR IRE	Ш	()	1	11_	DEGREE PHYS.	DIRECTOR D		2-16-69
PITAL may b RAL D r, page be file	Ш	22d PHYSICIAN'S	mis of	1 Trans	22e) ADDRES		/ 11/3	/
등 무 별 하고 기		NAME (Type) ATTES	L. HAM	by	YEL! G	eneral- H	154. SAL	1364:11. MD
O HOS Page 4 O FUN direct	23a	BURIAL, CREMATION 236. D	DATE,	23c. NAME OF	EMETERY OR CREMATORY	23d LOCATION	(City or Jawn)	(Caunty) (State)
5 5 5 p v		130 PP 4 2	117/69	12	BEHEZET	REhol	5014	md.
VR AIS PAN	24	FUNERAL DIRECTOR	8/11	ADDRESS	n() m) 25	FEB 2 T 1969	250 PETERSARA	GNAMAR
45M - 1769		Mactory	18. War	Crospe	les 1/10/ 01	TIE 1 .000		



_	1			D STATE DEPARTMENT OF		
1		03109		301 W. PRESTON STREET, BAI		
		00101		CERTIFICATE OF DEATH		03105
		ECEASED NAME First Type or print)	Middle	Last	2g DATE OF DEATH	25 HOUR
	L,	type or print) Minn:	le Nancy	Jones	February 3 Doy	1969 9:50 M
	3. S		4 RACE	S. DATE OF BIRTH	6 AGE (in years	HE UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
		Female	Colored	1-30-18	77 YRS	AUGITS UNITS POURS AUG
	7a can	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
		Dames Quarte	U.S.A.	WIDOWED DIVORCED	Wicomico	Md
11		alisbary, Md	11 NAME OF HOSPITAL OR IN: give street oddress) Prehs Hea	STATE Apple	WAL OCCUPATION (Kind of work done most of working ife, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY.
1	13a adm	USJAL RESIDENCE Where decease sission) STATE Maryland	d hyar, if institution Residence before 138 COUNTY Somerset.		Y LIMITS? 13e STREET AND NUMBER	
	14	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME	First Middle	Last
Ti-		Issa	Williams	Susan	Roberts	
		WAS DECEASED EVER IN US ARM	D FORCES? 16b SOCIAL SECURITY of dates of service)	NO 17 INFORMANT	It hit Dan	nes Quarter Md
			ane cause per line for (a), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIA	BY (AUSE (a) Recurrent.	cerebral thrombos	is	2 days
		4124	DUE TO, OR AS A CONSEQUENCE OF			
	П	Conditions, if any, which gave this to immediate cause (a),	(b) Arteriosc]	erotic cardiovasc	ular disease	Years
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
		iast	(c)			
	L	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART 1(a)	
	S	Diabetes me				
5	CERTIFICATION	196 DATE OF OPERATION 196. (OND I ON FOR WHICH OPERATION WAS PE		206 IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
2		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	YES NO	xci	
		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	SEC HOM INDUST OFFICKED (EU	ter nature of injury in Part 1 or Part 2,	irem 18)
	MEDICAL	(If either, natify medical examin 21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, FAR		for 50 - 7	Co
		While Nat while at work		30RY.) 21f. LOCATION Street or R.F.D. N		Caunty State
	П	22a. I certify that (ti) (the	haspital) attended the deceasi	ed from <u>5/22</u> , 195 9 69 , and that in (my) (2001) a	20, to2/3, 19_	that (we) last
		causes stated above	(I) (base) (did) (did toot) view the	body after death.	primon death accorded on the de	ne and noor and from the
		22b. SIGNATURE	A A A		MED	DATE SIGNED
	L		halder le	DEGREE PHYS.	MED. STAFF DIRECTOR DIRECTOR 2	/4/69
		22d PHYSICIAN S NAME (Type) L. V.	Maldve, M. D.	Deer's Hea	ad State Mospital;	Salisbury, Md.
	23d	B. RIAD CREMATION, 236 D		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
			9-19 Mace	donra		Somewoot, Md
-	24.	FUNERAL DIRECTOR	ADDRESS	ringers anni 250. REC'D		
1	17	religion 4. Jar	nes 14 608 Churc	INST. MG DATE	1 3 1969 John	arles Jusis



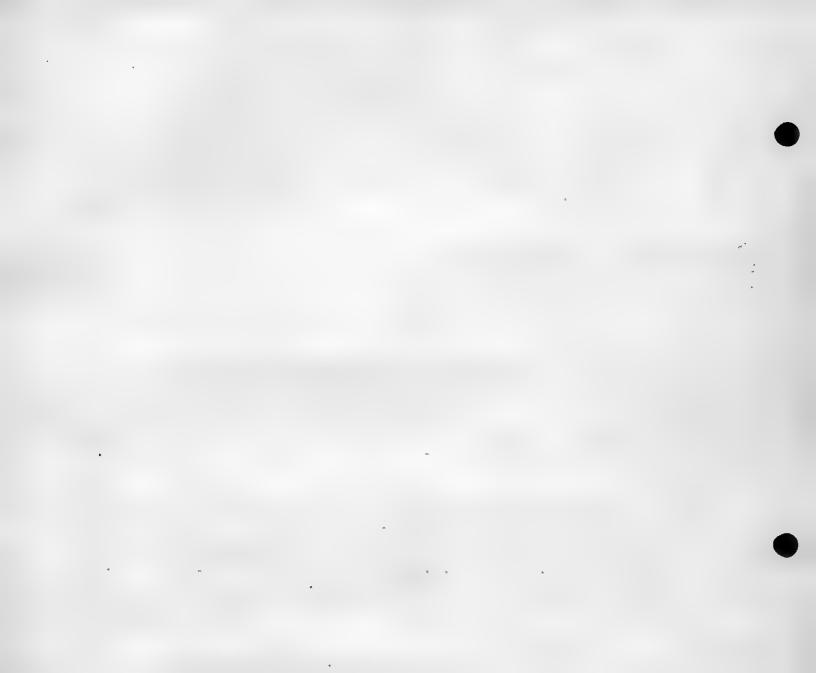
_	MARYLAND STATE DEPARTMENT OF HEALTH	
4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
3.		
orth orth	f7	:30An
D 000		SIR 24 HRS
ate s	Female White May 19,1885	
and and	8IR*1HPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
R SEE	Maryland USA WIDOWED X DIVORCED WICOMICO	Md.
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death e hospital or attending physician. In the hospital or attending physician ond completely filled in hy the fragoral tached for use as the burial-transit permit. Then please remove corbot papers. Pages and Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 bours street agant.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Willards 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) None 12b. KIND OF BUSINE INDUSTRY	SS OR
omplete ve corb	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NIMBER	
ecuted complet ove cor	mission) STATE Maryland 13b COUNTWicomico Willards YES NO	
ond cond cond cond cond cond cond cond c	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Los	1
se se redinding	Eugene R. Powell Julia Ella Gray	
ficate by ysician please please of, and i	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or Jinknown) No 107 Address Washington 214-42-9323 Miss Mattie T. Powell, Berlin, Maryland	St.
that the death certificate be exeion. by the attending physician and contransit permit. Then please remacremation, or removal, and in any		TOUR
he deoth ce attending permit. The	BETWEEN ONSET AND	D DEATH .
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that that the by the by the transit cremat	rise to immediate cause (a),(
es the second of	stating the underlying couse DUR TO, OR AS A CONSEQUENCE OF	
physicic physicic signed burial-ti burial,	PART 2 OTHER SIGN.F. CANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
w reding I	ARdite - Kyperleusian	
lov hendi s be as th	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYII 210. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIALY 211b. HOW INUITY OCCURRED (Fester polities of inuity in Part 3, them 18.)	NG
The rest of the post of the po	YES NO Z CAUSES OF DEATHS	
AN: The low read or attending trate has been for use as the Health prior to	210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING STREET OF DEATH HOUR AM Month Day Year	
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roing d by the After the J be de State I	220. I certify that (1) (this haspital) attended the deceased from 19.3.5, 19, to 2, 19, 19, that (1) (s	we) last
= 7 ~ 7 0	saw the deceased alive an 2 19 4, and that in (my) (aur) apinion death accurred an the date and hour and fi causes stated above, (I) (we) (did) (did not) view the body after death.	ram the
OR ATTENION PRECIOUS SIRECTOR: A Should ed with the	22b. SIGNATURE 22c. DATE SIGNED	
DIRE S	Feb. 10 /196	9
TAL OR AL DIR	22d. PHYSICIAN'S NAME (Type) Dr. EDANK D. LEVIS Willards Maryland	
음 등 등 (DI FRANK R. LEWIS WITTER US, MAR YTERIO	
O HOS Poge 4 O Fun direct	BURIAL CREMATION 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Step 164) Feb. 10.1969 Mt. Pleasant Cemetery Willards, Wicomico, Mary 1	
5 5 0	Feb. 10,1969 Mt. Pleasant Cemetery Willards, Wicomico, Maryl FUNERAL DIRECTOR ADDRESS ADDR	
VR A15 (1)	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE B 1 1 1989	
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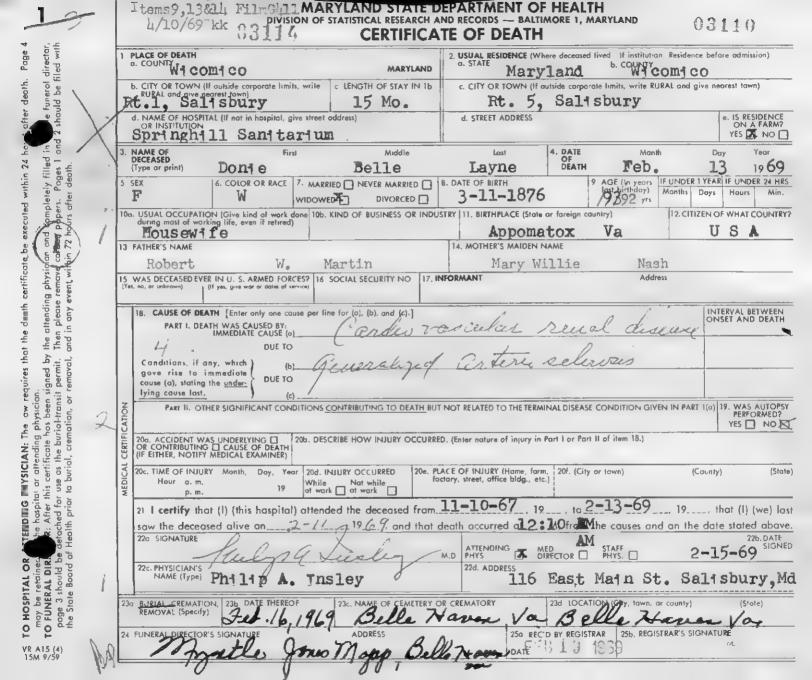


	1	MARTLAND STATE DEPARTMENT OF HEALTH	
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3108
	-	CERTIFICATE OF DEATH	
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ed i open	M	ETYLAND USA WIDOWED DIVORCED Wicomico CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done	Md
		CITY OR TOWN OF DEATH Alisbury Peninsula General Hospital Peninsula General Hospital Occupation (Kind of work done during most of working life, even if retired)	12b KIND OF/BUSINESS OF
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ificate sysicia plea al, an	láo. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown? (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address	
mo ent		18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
E 5[2]		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PUPTURED ARD. ADRTIC AVEURYS M	GETWEEN ONSET AND DEATH
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The law requires the attending physician, has been signed by se as the burial-tranth priar ta burial, cre	==	Anist of Consider Action District	
law be s # riar	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The affect of the second of the point of the	Ĭ	NONE YES NO NO CAUSES OF DEATH?	
ar ate			em 1B.)
Pita Pita d for a of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. 19	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. TO FUNBRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by The funeral director, page 3 should be detached for use as the burial-transit perpart to please remave carbon papers. Rages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death.	ME	21d. INJURY OCCURRED While Not while of work Not	County State
ING Dy II ter be d tate		22a. I certify that (1) (this haspital) attended the deceased from 12 Feb., 1969, to 13 Feb., 1969 and that in (27) (our) apinion death accurred on the data	69, that M (we) last
IND END IND IND IND IND IND IND IND IND IND I		saw the deceased anye an 13 Feb 1962, and that in (pry) (our) apinion death accurred an the dat	e and haur and from the
TO TO THE PLAN OF	ı	causes stated above, (f) (we) (did) (did not) view the bady after death.	
REC 3 S		ATTENDING MED. STAFF MED.	ATE SIGNED FEL- 65
y by by filed filed		22-4 DAYSITEANS	700
ma IRAI be		NAME (Type) HERRICK S. WARREN P. G. H. SALISBURY,	Mp.
TOS UNE Sold	230	BURIA. (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
Page Pring	B	urial 2/16/68 Tindley Chapel Proomoke City	
1		FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR 3	SIGNATURE
VR A15 45M - 1 45M	1	William H. James Jr. Princess Anne Md DAECE 1 9 1009	e months :



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03109 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED NAME M.ddle First Lost 20. DATE KNOWN Month 2b HOUR Doy (Type or Print) LANGFORD THOLAS ELMER 1:09 DEATH MATED 70 Iny delay 1 2, and 3 to PM3 Pagi the State Department 4 RACE 6. AGE (In years IF JADER I YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR / dast birthday) MONTHS HÖURS Male AA Day Year 69 :09 12/8/1908 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED penchin Item 18 Give Pages 1, Examine is Office olong with form countryland Princess Anne, Md WIDOWED [X] Wicomico DIVORCED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b K ND OF BUSINESS OR give treet oddress) Pen nsula General during most of working ife, even if ret red.) Salisbury with 130 USUAL RESIDENCE (Where deceased Fed if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Was COUNTY Somerset Princess odmission) STATE Md. ATYBE NO M Greenwood land2 after 14 FATHER'S NAME Middle Last 15. MOTHER S MAIDEN NAME Middle First O hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH necessory, please execute the certificate, writing the word "pending" the funeral director. Page 4 should be forworded to the Chief Medical PART I DEATH WAS CAUSED BY Bullet wound of chest minutes IMMEDIATE CAUSE (o)_ in ony event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove] rise to immediate cause (a), This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse buriol, cremation, or removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION nsed 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO P YES 🗍 3 should be 21o. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING Accidentally shot self with .22 rifle. CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County factory office building, etc.) FUNERAL DIRECTOR: Page Greenwood, Princess Anne, Somerset, Md. AT WORK AT WORK 220 | certify that Lipok charge of the remains described above, held on Autopsy ... Inspection X Inquiry X. and in my opinion Aioturol couses . Accident X. Suicide . Homicide Undetermined monner deoth resulted from CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Feb. 10, 1969 EXAMINER'S Earl M.D. Royer DEPUTY MEDICAL EXAMINER 5 moy TO FUNE Health Camden Ave., Salisbury, Md ADDRESS(Street, city, town, or county) NAME (Type) 1: () () 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Mt Hope Amez Princess Anne, Md 2/13/60 Buria 250 RECURENCE REGISTRAR SESIONATURE TO THE BUTCH THE PROPERTY OF THE PROPERTY ADDRESS James VR A15ME (5) MIXIETISMES X DECENSIVE Princess Annak 10M REV 1/68 Ma







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04675 1. DECEASED-NAMI First Middie Last 2g DATE OF DEATH 2b. HOUR (Type or print) Month 30 PM Fannie MASON ewis Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fordirector, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 should be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any eyent, with in 72 haurs after. 3. SEX A RACE 5 DATE OF BIRTH IF UNOFR I YEAR F JNDER 24 HRS. & AGE (In years last birthday) HOURS Fermale. Nearo 11-07-00 be executed within 24 haurs 7a BIRTHPLACE (State or fore an 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B MARRIED TO NEVER MARRIED country) Louisianna 415 DIVORCED Wicomico WIDOWED | 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during phast of warking life, even if retired) give street address) Jalisburg Hillcomico 13a USUAL RESIDENCE (Wikere deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INS DE CITY JM TS? 13e STREET AND NUMBER admission) STATE 13b COUNTY WICOMICO discos buye 14 FATHER S. NAME M ddle IS MOTHERS MA DEN NAME First 072 X requires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no or Lakagwa) -APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSPONENCE OF Canditions, if any, which gave) (b) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) O HOSPITAL OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO . YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year PM (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this hospital) ottended the deceased fram-__1967, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on Z-26 causes, stated abave (1) (we) (did) (d not) view the body ofter death 22b. SIGNATURE 22c DATE SIGNED STAFF DEGREE PHYS DIRECTOR PHYS PHYSICIAN S 22e ADDRESS NAME (Type) 23a BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY-23d. LOCATION (Cty or Jawn) (County) (State) REMOVAL (Speuty) 24. FUNERAL-DIRECTOR REC D BY REGISTRAR 25b. REGISTRAR S S GNATURE VR A15 (4) 45M 1 69 12.22

MARYLAND STATE DEPARTMENT OF HEALTH



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within 24 ely filled bon pape w thin 77	Sŧ	It NAME OF HOSPITAL OR INSTITUTION (if not in haspital lead usually of the street address) Peninsula General Hospital 12a usual OCCUPATION (Kind of wark done during mast af working life, even if retired) Industry
executed withing and completely fifemove carbon nony event, with	13a aam	USUAL RES DENCE (Where deceased live), I institution Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER ACTIVE CATTER. STATE YES NO FLOWER SIACET.
be exer] [14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Last
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G PHYSICIAN: The law rethe hospital or attending this certificate has been detached for use as the te Dept. af Health prior to	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No City or Town County State While Not while
= - \ - =		22a I certify that (1) (this hospital) attended the deceased from 2/1/, 1969, to 2/14, 1969, that (1) (we) las saw the deceased alive on 2/1/ 1969, and that in (m) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		Clifuta Matter Orlin DEGREE ATTENDING DIRECTOR DIRECTOR DIRECTOR 2/16/69 22d PHYSICIAN'S NAME (Type) ALBERTA MATTAX/POLIN CAMBOOL ALC: SALIS bak; May
TO HOSPITAL of Page 4 moy b TO FUNERAL D director, page should be file	23 a	BURIAL (REMATION 23b DATE (69 200 NAVB OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
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1			DIVISION OF VITAL	IARYLAND STATE					
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		ECEASED NAME First		Middle	Last	20. DA	TE OF DEATH		26 HOUR
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	3 5	EX	4 RACE		5 DATE OF BIRTH		6 AGE (n years	F UNDER 1 YEAR	IF UNDER 24 HRS.
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`	5a	lisbury	Peninsula	General	Hospita	dw ng mastrol wor	king fe, even (retired	INDUSTRY h	10:0
	13a	USUAL RESIDENCE (Where decearission) STATE	ed lived, if institut an Resid	ente befare 13c CITY O	R TOWN 13d		e. STREET AND NUMBER		
	14	FATHER'S NAME First	Middle		S MOTHER'S MAIDE	N NAME First	Midd/e		Lost
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	CERTIFICATION	21a ACCIDENT WAS UNDERLYIN			20a AUTOPSY?	NO 🗌	IF YES, WERE FINDING JUSES OF DEATH?		TIFYING
	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA:	H HOUR A.M Month	Day Year 19			injury in Port 1 or Port	2, item 18)	
		While Nat while at wark	COFFICE BUI	tuing, Ert.	OCATION Street ar		City or Town	Caunty	State
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		22d. PHYSICIAN'S NAME (Type)			22e ADDRESS	SALIS	BURY	Mal,	
		BURIAL, CREMATION, 23b. REMOVAL (Specify) 3		arlows	CREMATORY		CATION (City or Tawn)	(County)	(State)
	24	FUNERAL DIRECTOR	halled . Se	Physielle	Del 250	THE PLANT KENDIK			



	1	MAKTLAND STATE DEPARTMENT OF HEALTH
,		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03113 CERTIFICATE OF DEATH
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er death. Poneral		Type or print) Sahan 12 And 20 DATE OF DEATH 2a. DATE OF DEATH 2b. HOUR,
	3 S	mule 4 RACE S DATE OF BIRTH 1800 6 AGE (1 Years 1 WAR 18 UNDER 1 YEAR 18 UNDER 2 FRS. MIN)
hour hour srs. p	7a,	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED (NEVER MARRIED) 9. COUNTY OF DEATH
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completely filled nove corban pope y event, within 77	130. adm	USUAL RESIDENCE Where decease lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 3 COUNTY WELD SEES. YES NO 8 52 (33 COUNTY WELD)
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ot the death c the ottending ssit permit. The mation, or rem		18 CAUSE OF DEATH (Enter on y one cause per line far (a), (b), and (r)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c)
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ICIAN: bital ar tificate d for u	DICAL CERT	21a. ACC DENT WAS UNDERCYING 21b T.ME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Part 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year P.M. 19
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (I) (this haspital) attended the deceased from 1400 , 1951, ta 2-24, 1967, that (I) (we) last saw the deceased alive an
OR All DIRECT She with led wit		226 SIGNATURE DENER DENER MED DIRECTOR D STAFF D 22/2 DAY SIGNED 69
TO HOSPITAL Poge 4 may O FUNERAL I director, pag should be fill		22d. PHYSICANS G. Herbert Sembly MD. Salisbury, Md. 2180
TO HO: Page JO Fun		Byr. Al CREMATION 23D DATE 30-1-69 23C LAME OF CEMETER OR CREMATORY Com 23d LOCATION (CHO'S TOWN) 400 LOCATION (CHO'S TOWN) (STOTE)
VR A15 (14)	24	FUNERAL DIRECTOR DATMAR 3 1969 LEAD PREGISTRAR SIGNATURE DATMAR 3 1969 PUREAU LINE SIGNATURE

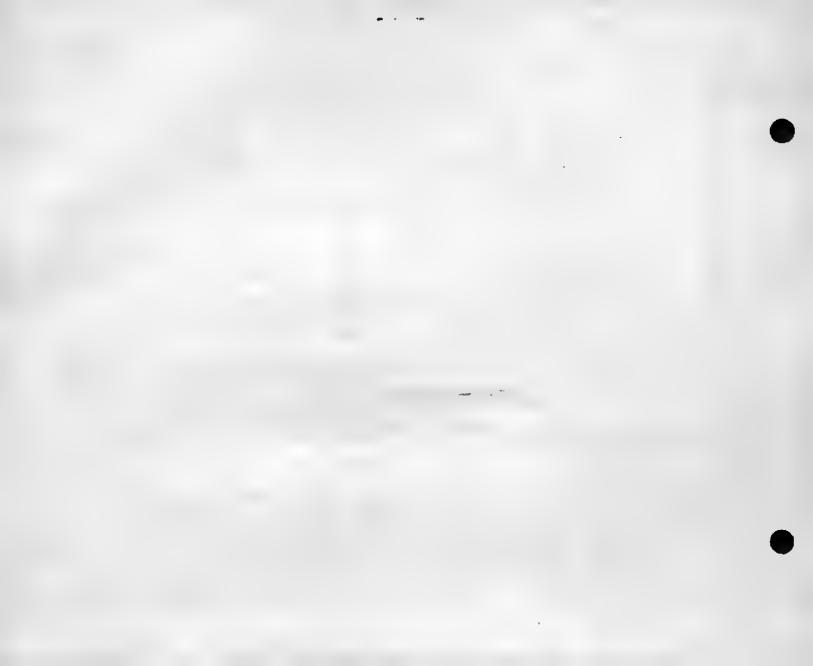


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTAN STREET, BALTIMORE, MARYLAND 21201 03113 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED NAME Earst Middle Lost 20. DATE KNOWN K Month 2b HOUR delay t. nd 3 to Page (Type or Print) ESTI-WILLIAM JAMES MITCHELL 1969 14 LO M DEATH MATED partment 4. RACE 6. AGE on years IF JNDER 24 HRS 3 SEX S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR 2, and PM3. F Day 7 1 10-23-1923 1097 М YRS 10 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Examiner's Office along with farm the State De WIDOWED F DIVORCED [7] Wicomico Item 18. Give Pages 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)

PeninsulA General Hospital Laboger, Boat Const. Co. give street oddress) INDUSTRY alisbury Maryland PeninsulA General Ho with death. 3d. INSIDE CITY LIMITS? 130 STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO land2 Green Street Wicomico Maryland after 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Alma. Virginia Morris .5 James Mitchell Franklin 166 SOCIAL SECURITY NO. Mrs. Alma V. Banks (motherss Fruitland, Md. be executed within (Yes, no, or unknown) (If yes give wor or dates of service) 218-05-8662 Mrs Jeanette Mitchell (wife) APPROX MATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) BETWEEN ONSET AND DEATH 4 should be farwarded to the Chief Medical Dexenit "pending" PART I. DEATH WAS CAUSED BY Broncho pneumonia days IMMEDIATE CAUSE (6) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions if ony, which gove a days 3rd degree burns rise to immediate cause (a). апу This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗀 NO X 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of miury in Port 1 or Port 2, Item 18) 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY TO OR CONTRIBUTING crematian, Burned in house fire. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street,... 21f LOCATION Street or RFD No C ty or Town County State foctory, office by ding, etc.)
nome of friend WHILE NOT WHILE Elmwood St., Salisbury, Wiconico, Md. burial, 22a | certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry K. and in my opinion director. death resulted from: Natural causes . Accident X. Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED funeral ASSISTANT MEDICAL EXAMÍNER SIGNATURE Earl L. Royer Feb.17 DEPUTY MEDICAL EXAMINER X EXAMINER'S 407 Camben Avenue, Salisbury, MedDRESS(Street, city, town, or county) NAME (Type) 50 23b DATE 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2-17-69 Burial Wicomico Memorial 24. FUNERAL DIRECTOR HOLLOWAY and Company SALISBURY, Maryland VR A15ME (6) TOM REV 1/68



. 4. 1					BUDGIAN AC I		D STATE DEPARTM				
X y				03120	DIVISION OF Y		301-W. PRESTON STR				
- 1				ひひまなり		(ERTIFICATE OF	DEATH	(3115	
-	# 15.	£	1 DI	CEASED-NAME First ype or print)		Middle	.ast	20.	DATE OF DEATH		2b HOUR
	de de	5		FDV		DANIEL	PARSONS		February 25	1969	W
	in the		3 SE		4. RACE		5 DATE OF BIR	RTH	6 AGE (In years		UNDER 24 HRS
	S C	25		Male	White		July 2	9, 1908	lost birthdoy) YRS.	MORINS DATS PO	DURS MIN
	hour d c	hou	7a E		7b. CITIZEN OF WHA	T COUNTRY?	8 MARRIED NEVER MARE	RIE ⊅{ ⊠ 9. CO 1	UNITY OF DEATH		
	24 ser	77		Maryland	USA			CED _	VICOMICO		Md.
	if g	الما	10 0	TY OR TOWN OF DEATH	11 NAA	ME OF HOSPITAL OR INS reet address)	TiTUTION (If not in hospital	12a USUAL OCC	UPAT ON (Kind of work done	126, KIND OF BUSI	NESS OR
	wit fely rbar	∑ .	10	Parsonsburg		vi llage			warking life, even if retired)	painting	
	nple nple	ven	odmi	LSUAL RESIDENCE (Where deceases sion) STATE	1 13L COUNTY			YES ND	13e. STREET AND NUMBER		
	Kettu	2	14 6	Maryland ATHER'S NAME First		Wicomico	Fai solisbui gi		in village		
	e ey	10 1	19 7		Middle	Parson:	IS. MOTHERS MAI	IDEN NAME First	M ddle	Bailey	Lost
	re b	nd i	160	Laird WAS DECEASED EVER IN U.S. ARM	W.	láb. SOCIAL SECURITY N					
	requires that the death certificate be executed within 24 hours after death. g physicion. n signed by the attending physician and completely filled in by the fraction e burial-transit permy. Then please remove carban papers. Place and		Y	es no or unknown) (wes give w	a dates of service)	215-18-4	61 Mrs. Laur	a P. Elz	ey, Şalisbury,	Maryland	1
	certification of them of	Nou		18. CAUSE OF DEATH (Enter and					151 W. Fall	rfield_Dr	
	£ \$.	=/		PART I. DEATH WAS CAUSED	BY	-	giás.		17	BETWEEN ONSET	AND DEATH
	e death affendir	n, o		. MMEDIA	TE CAUSE (a)		unoma of	hung "	our l	3 7	wanty.
	the d	of in		Conditions, if any, which gave)		A CONSEQUENCE OF	gene	ral Inc	ustones -		
	hot ¥ ¥	em(Н	rise ta immediate couse (a),	(b)	A CONSEQUENCE OF					
	quires the physicion. signed by burial-troi	ָל.		stating the underlying cause stating lost.	(c)	A CONSENDENCE OF					
	april igne	orio		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(g)		
	ng pan s	0 0	2		-6	-AL		-	(-)		
	low be	ioi.	ATIO	.90. DATE OF OPERATION 195 (CONDITION FOR WHIC	H OPERATION WAS PER	FORMED 20a. AUTOP	SY?	20b IF YES, WERE FINDINGS CO	NSIDERED IN CERTIF	YING
	The low ottendir has bee	를 시	CERTIFICATION	1/24	asal	we (b	rosery) YES [NO 🔁	CAUSES OF DEATH?		
	a e e	ea l		21a ACCIDENT WAS UNDERLYIN	G 21b TIME OF I		21 HOW INJURY OCCU	JRRED (Enter natur	af injury in Part 1 or Part 2, It	em [8.)	
	A plant of the pla	∓	EDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	Manth Day Year 19					
	OR ATTENDING PHYSICIAN: The low re be retained by the hospital or attending DIRECTOR: After this certificate has been ye 3 should be detached for use as the	<u>a</u>		21d. INJURY OCCURRED 21e.		AT HOME FARM, STREET FACT	ORY.) 21f LOCATION Street	ar R F.D. Na	City or Town	County	State
	the this detc	å l		While Not while at work		FILE BUILDING, CIC			, _/		
	by frer frer be	Stat		22o. I certify that (I) (thi	s haspital) atten	ided the deceose	d from 9/11	1967,	to death, 19	, that (I)	(we) last
	END Sed	ë		saw the deceased al causes stated above	(I) (wa) (did) (id not view the	967, and that in (my	r) (our) opinion	death occurred on the dat	e ond haur and	from the
	AIT Stair	Ę		22b. SIGNATURE	/(1) (we) (ulu) (u	ild Hor)-view file t	ady diret dediti.		22, 0	ATE SIGNED	
	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u></u>		S	nt ta		DEGREE PHYS	G MED.		ruary 25	7/1969
	AL ON BOOK	<u>=</u>		22d. PHYSICIAN'S	, , , , , , , , , , , , , , , , , , , ,		220 ADDP	2230			1 . 5 - 5
	4 may NERAL I	~ / [NAME (Type) Dr. Er	nest M. L	armore	Grov	ve Street	, Delmar, Dela	ware	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the der Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attendirector, page 3 should be detached for use as the burial-transit perm.	ומפת	23σ	BURIAL CREMATION, 236 C			EMETERY OR CREMATORY	23d	LDCAT DN (City or Town)	(County) (S	Slote)
	5 5 5 E	N			. 27,1969	Parsons	burg Cemetery	y Pa	LDCAT DN (City or Town) rsonsburg, Wic	omico, Mai	ryland
		1500	24	UNERAL DIRECTOR		ADDRESS		250 REC'D BY REGI			
	45M			HOLLOWAY & CO	MPANY, SA	ALISBURY,	MARYLAND	DATFEB 2 8	1969 Jolian	to year	Ma



,	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		03121 CERTIFICATE OF DEATH 03116
4 .24		ECFASED-NAME First / Muddles \ (Colfora bos) 20. DATE OF DEATH 2b. HOUR
deoth deoth deoth	(Type or print) LOUISE EMMA PEIFFEB FEB LOUISE EMMA DELFFEB ID AND 1969 1969 10 400
A Secretary Secretary	3. §	
D SI		1 = 111 August 25, 1897 71 YRS
24 hours after din by the pers. Poges 72 haurs after		BIRTHPLACE (State or foreign 7b (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
filled i	10	WIRGINIA USA WIDOWED € DIVORCED € Wicomico Md. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 220. USUAL OCCUPATION (Kind of work done 12b Kind OF Business or
\\ \(\) = \(\)		alisbury Peninsula General Hospital (Floor Lady) [Il Name of Hospital (II not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b Kind of Business or 12b Kind of Work done 12b Ki
completely over corba	13o odm	IIS & RESIDENCE (Where decreased lived of institution Decidence before 13, CITY OF TOWN 24 INSIDERITY METC) 120 STREET AND MUMBER
executed on bloom on y even in		Maryland Wicomico Salisbury 150 NO 105 Benjamin Avenue
ond rem	114.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Same First Middle Lost Emma Ellis
icate b	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (SON) Address 105 Benjamin Ave
The low requires that the deoth certificate be ottending physicion. has been signed by the attending physician or use as the burial-transit permit. Then please rith prior ta burial, cremotion, or removal, and in		Yes, no, or unknown) (If yes give wor or dules of service) 214-10-9080 Mr. Milton Bailey, Salisbury, Maryland
he deoth certifi e attending phy: permit. Then f		18. CAUSE OF DEATH (Enter only one couse per line for (p) (b) and (c))
eoth andir or re		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) HEPATIC DETASTASIS 3 MOS-
atte atte perm ion,		DUE TO, OR AS A CONSEQUENCE OF
at the the nsit p		rse to immediate couse (0). (b) CAPICINEM A BAEAST (L) 9 MOS-
s the cion. d by l-trai		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
quires that t physicion. signed by the burial-transit		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)
ng Frecen sen sen tab	25	(4)
the low requires th ottending physicion. has been signed by se as the burial-trai h prior ta burial, cre	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
4: The or off the har use of the	RTE	10/4/6 40300 L (13) NO L
IAN: Ial o ficate for Heo		210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY / 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)
rsic ospil certi hed of of	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY / AT HOME EARM, STREET EACTORY) 21f LOCATION Street or R.F.D. No City or Town County State
ATTENDING PHYSICIAN: estoined by the hospital or CTOR: After this certificate shauld be detoched for ut the Stote Dept. of Health		While Not while of work of work
by t by t fter be d Stote		22a. I certify that (1) (this hespital) attended the deceased from 10 1966, ta 2/19 1969, that (1) (well last
OR ATTENE be retoined bIRECTOR: A ge 3 shauld		saw the deceased alive an
ATI retoil sho v th		226 SIGNATURE ATTENDING MED STAFF 221. DATE SIGNED
OR be r DIRE		JETON DI CECTOR THE B. O. DEGREE PHYS DIRECTOR PHYS 2/19/1968
may may RAL RAL be fi	١	NAME (Type) JUHN M. BLOXOM IN MEDICAL CENTER SALISQUAY
TO HOSPITAL OR ATTENDING Page 4 may be retoined by to FUNERAL DIRECTOR: After director, page 3 shauld be calculd be filed with the Stote	230	BURIAL (REMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (YARD)
Page of principal states		Burial Feb. 21, 1969 Parsons Cemetery Salisbury, Wicomico, Maryland
VR AIL	24.	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SEGNATURE
45M		HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE EB 2 1 1969



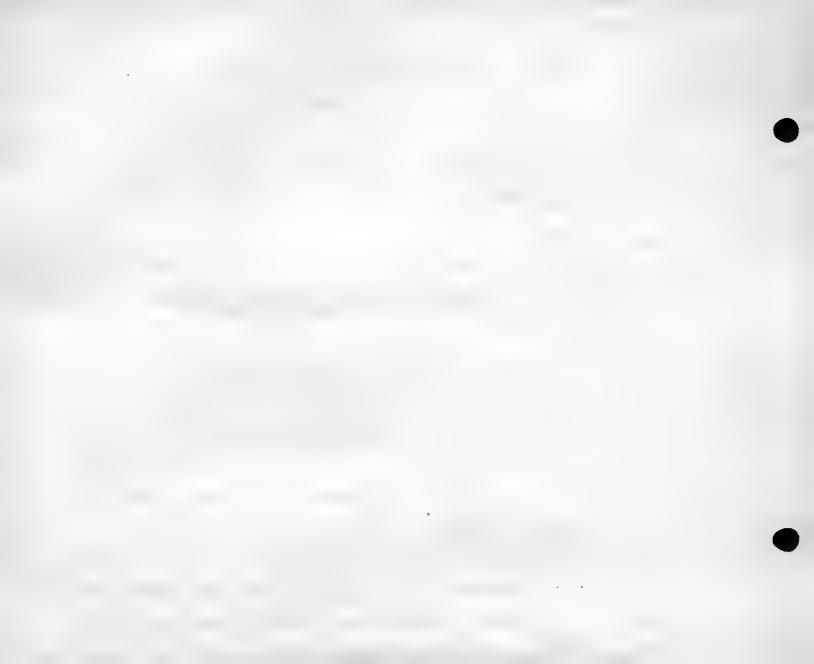
_				MAKYLAI	ND STATE DE	PARIMENI OF	HEALI	Н		
_		03122	DIVISION OF VI	TAL RECORDS				E, MARYLAND 21201	03117	
	1 5				LEKTIFICA	TE OF DEATH				
S TE S		ECEASED NAME (Type or print)	1/ 5/	Middle	411 Tz	lost	20. 1	DATE OF DEATH Month	y Year	2b. HOUR
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hours in by t ers. Poo	70 cau	BiRTHPLACE (State or foreign nitry)	76 CTIZEN OF WHAT	COUNTRY?	8 MARRIED X	NEVER MARRIED DIVORCED		NTY OF DEATH Wicomico		
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		Salisbury	Peninsu	La Gen	eral Ho	spital	most of w	prailium (kind of work done pork ng life, even if refired)	INDUSTRY	one.
	13o adm	USUAL RESIDENCE (Where de issiph) STATE	ceosed yed, if institution	Residence before	13C UIT UK TU	WN 13d anside cit	NO 🗌	136 STREET AND NUMBER		
	14.	FATHER'S NAME First	Middle	Lost	1	OTHER S MAIDEN NAME	First	Middle S G G G G		Last
ert ficote by physician nen please lovol, and ti	16a	WAS DECEASED EVER IN U.S.	ARMED FORCES? [16]	SOCIAL SECURITY	T-C 100 17 INFO	RMANT .	qn	Address		
t fice frys n pl vol,	L'	es na, or unknown) (15 yes	give wor or dates of service)	31-58-	3861	William	J	oseph /	onter	-
ng p The		18. CAUSE OF DEATH (Ente	r anly one cause per I ne f	or (a), (b), and 4c	<u>, , , , , , , , , , , , , , , , , , , </u>					ATE INTERVA. SET AND DEATH
he death ce attending permit. The		PART I. DEATH WAS CA	NUSED BY. NEDIATE CAUSE (a)	Malmu	him					
he d ath perrion,		/ ×		CONSEQUENCE OF	Can		The	hote to		
of the the mail property		Conditions, if ony, which go rise to immediate cause (g). (D)	7.000		- N	/	Tracesine		
equires that the physician. signed by the burial-transit burial-transit burial, cremati		stating the underlying car last.	DUE TO, OR AS A	CONSEQUENCE OF						
hysi ohysi ogne oria		PART 2 OTHER SIGNIFICANT	11	TO DEATH BUT N	NOT RELATED TO TH	E TERMINAL DISEASE O	R CONDITIO	ON GIVEN IN PART 1(a)		
ng p en s en s to b	2		-					,(0)		
AN: The low requires that the death cert find or attending physician. It is to be a signed by the attending phy for use as the burial-transit permit. Then the other prior to burial, cremation, or remova	CERTIFICATION	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS P	ERFORMED	20a. AUTOPSY?		206 F YES, WERE FINDINGS (CONSIDERED IN CER	TIFYING
f: The or ath te hos use alth p	CERTI	21g ACCIDENT WAS UNDER	LYING 216 TIME OF IN.	IIRY	21c HOW	YES NO [of injury in Part 1 or Part 2,	Itam IR)	
	MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. A	lanth Day Year		MODEL OCCURRED (EII	on Holdie	or sulpris to ruit a da ruit 2,	vierii 10.)	
by the hospital or the thospital or the thospital or the this certificate be detached for u State Dept. of Heal	MED		21e PLACE OF INJURY CALL	HOME FARM, STREET, FA	19 ACTORY.) 21f LOCAT	ION Street or R.F.D.	No.	City or Town	County	Stote
		at work had at work had	fet t 14 15 14 1	Lat. 1	1.6	10				
ATTENDING stained by the CTOR: After to should be dith the State		saw the decease	tinis nospital) attend	ed the deceas	sed from 19	not in (my) (our) o	ninion d	to, 19 eoth accurred on the do	, that (ite and bour a	1) (we) last
OR:			ave,(()) (we) (did) (did	not) yew the	body after dea	th.		oom accome on me ac		na mani mo
OR ATTENDIN be retained by SIRECTOR: After is 3 should be ed with the Stot		22b. SIGNATURE	X //			ATTENDING PHYS	MED.	C STAFF	DATE SIGNED	A
y be y be DIF		22d, PHYSICIAN'S	- J. Won	1000	DEGREE	PHYS 22e. ADDRESS)	DIRECTOR	LJ PHYS LJ	-///6	9
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) Try Ca	LIAM 5 W	EMAC	K	AMIR	All	SALLEL	ZRY,	mds
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	23a.	REMOVAL (Specify)	30. DATE 2-3-60		CEMETERY OR CRE	MATORY	23d	LOCATION (City or Town)	(Caunty)	(State)
	24.	FUNERAL DIRECTOR		AD DRESS		25a. PEC E	BY REGIS	JRAR 25b REGISTRARS		y - 0 CL
VR A15 (4)		V 1	n 7.1.	7			D 4	1969 /Ella	Why Your	10



	MARYLAND STATE DEPARTMENT OF HEALTH	
	03125 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	4.0
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death near	pe or print) Month Doy Year	2b. HOUR
within 24 hours after de e y filled in by he tuner bon papers Paper, on with a 72 hours with a e	Ernest Learnore Powell 2 16 69	
	last highland water D	AR F JNDER 24 HRS. RYS HOURS MIN
th a 72 hours	Male White 5/25/1912 56 YRS. MARRIED TO GOUNTY OF DEATH	
2 ho	A) 1 Markito Markito	
	W. Virginia USA WIDOWED DIVORCED Wicomico Y OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUA. OCCUPAT ON (Kind of work done 12b KIND	Md.
	give street address) during most of working life, even fretred) INDUSTR	OF BUSINESS OR
. 1	CHAI DEC DEACH (Miles decorated land & make how Devidence to Land CITY OF TOUR #	ial Arts
1	ion) STATE Maryland 13b. COUNTY Wicomico #Salisbury YES NO 508 Woodcrest Ave	
	THER'S NAME First Middle Lost LIS MOTHER'S MAIDEN NAME First Middle	Lost
	William Edgar Powell Frances R. Col	lins
	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Angle O. Powe Address	:-)
	No 452-10-0502 500 Woodcrest Avenue, Salvist	
	BETWEE	ROXIMATE INTERVAL EN ONSET AND DEATH
		months
should be tiled with the State Dept. of Heolth prior to buriol, cremotion, or removal, and in ony event, with a 72 h	DUE TO, OR AS A CONSEQUENCE OF tases to Brain - Pelvis	
	ise to immediate couse (a), (b)	
	tating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	90. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED 1	N CEPTIEVING
X	YES NO CAUSES OF DEATH?	CERTITION
	To ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18)	
	or contributing Caust of Death feither, notify medical examiner) Output HOUR A.M Month Day Year 19	
	AND MILIRY OF CURRED 218 PLACE OF INJURY (AL HOME FARM STREET FACTORY) 215 (OCATION Street of P.E.D. No. City of Town	Stote
	work of work	
	20. I certify that (I) (this hospital) attended the deceased from Feb. 1, 1969, to 2/16, 1969, the saw the deceased alive on Feb. 16, 1969, and that in (my) (our) opinion death occurred on the date and had couses stated above, (I) (we) (did) (did not) view the body after death.	not (1) (we) lost
	saw the deceased alive on Feb. 10, 1969, and that in (my) (our) opinion death occurred on the date and ha	ur and from the
	25 SIGNATURE 7 22c. DATE SIGNED	
;	thanks 16 Churacoth gegree Phys Director STAFF 2/16/69	
=		2 37 2
-11	PHYSICIANS NAME (Type) Charles H. Winnacott, M.D. Deer's Head State Hospital, Salis	sbury, Ma.
	BURIAL CREMATION, 236 DATE 23: NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	(Stote)
	Suria! (Specify) 2-19-1969 Springhill Memory Gardens SALISBURY, MARYLAN	D
0-0	INERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 250. REGISTRAR 250	A STATE OF THE STA
1491	OLLOWAY AND COMPANY SALISBMRY MARYLAND DAFEB 2 1 1969	



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	03124 CERTIFICATE OF DEATH	03119
papers. Pages 1 and 2 thin 72 haurs after death.	1 DECEASED NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
deat	(Type or print) HERBERT EDGAR POWELL February 26	1969 3:45A M
Her	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF LINDER 24 HRS. MIGNITHS DAYS HOURS MIN
0	Male White Feb. 6 /897 72 YR	
	70. BIRTHPLACE (State or foreign country) 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WICOMICO	Md
7/	10 C.TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done	e 126 KIND OF BUSINESS OR
11	Salisbury Deer's Head State Hospital during most of working life, even if retired	INDUSTRY Truck Farm
**************************************	13a JSDAL RESIDENCE (Where deceased fixed if institution Residence before domission) STATE 13b COUNTY Hill NOW YES NOW Hill NO RESIDENCE (ITY M 152 13e STREET AND NUMBER Hill NOW Hill NOW HILL HE WAS NOW HILL N	
2	14 FATHERY MANE	Last
611	Elijah d. lowell Martha	Figgs
	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, openknown) (If yes give wor or dores of service)	th Ave
,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE [a] Bilateral metastatic carcinoma of the lung	S months
	DUE TO OR AS A CONSEQUENCE OF (primary site unknown)	- MOHONS
	Canditions, if any, which gave	
	rise to immediate cause (a), (b) Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 206 IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
)	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2216 HOW INJURY OCCUPAGE OF PART AND	CONSIDERED IN CERTIFICATION
		2, Item 18)
	TOR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Manth Day Year Clif either, natify medical examiner) P.M. 19 21d INUIDY OCCUPED 1216 PLACE OF INUIDY AND HOME SARW STREET FACTORY 1 215 (OCATIONS SARWARD DE D. NO.	
	21d INJURY OCCURRED While of work of work of work of the place of INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town of work of work	County State
	22a. I certify that (I) (this haspital) attended the deceased front ebruary 18, 1969, tok ebruary 26, saw the deceased alive and ebruary 20, 1969, and that in (my) (aur) apinian death accurred an the	19 <u>69</u> , that (X (we) last
	saw the deceased alive an GOT (Cally 20) 19. 07, and that in (MY) (aur) apinian death accurred an the causes stated above XIX (we) (did) (XIXXX) view the bady after death.	date and havr and fram the
	22b SIGNATURE 22	c DATE SIGNED
	Occupantly Degree PHYS DIRECTOR DIRECTOR PHYS K	2/26/69
1	22d. PHYS (IAN S 22e ADDRESS NAME (Type) C II Type Address The Add	Maryland
1	NAME(Type) C. H. Winnacott, M. D. Deer's Head State Hospital	
^	230 B_RIAL (REMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Buckey Feb 28 1949 Bates Memorial Metho Source Hill	(Caunty) (State)
N	BUCIET Teb 28/949 Bates Memorial Metho Snaw Hill 24. FUNERA. DIRECTOR ADDRESS 250. RECP, BY REGISTRAR 250 REGISTRAR	
-		reservery Greening



		MARYLAND STATE DEPARTMENT OF HEALTH
12-0	l	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	ı	CERTIFICATE OF DEATH
# = 24 - 24		ECEASED-NAME First , Middle Lost / 2a DATE OF DEATH 2b HOUR
death deoth deoth	L	Type or print) SAMUEL LEY! () UILLEN 70 DY 100 100 100 613 M
	3 \$	4. RACE S. DATE OF BIRTH 6 AGE (In feors IF LNDER 74 HRS MIN CALL AND LOST MIN MONTHS DAYS HOURS MIN MIN MONTHS DAYS HOURS MIN MIN MONTHS DAYS HOURS MIN
Pedge ours of	L	Male 10/1/1e JAN 129 1891 78 YRS. MARINE
by by Frou		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 1. COUNTY OF DEATH
illed in 72 h		13 ERUILIND US, 74. WIDOWED DIVORCED WICOMICO
filled filled thin 72		11. NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done libb kind of Business or libb kind or l
care be axecuted within 24 haurs ofter sicion and completely filled in by these please remove carbon papers. Pages , and in any event, within 72 hours after		COAST TURE TROP
red red	13a adn	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CTY JM 157 13e. STREET AND NUMBER 175. COUNTY 13d INSIDE CTY JM 157 13e. STREET AND NUMBER 175. COUNTY 13d INSIDE CTY JM 157 13e. STREET AND NUMBER 175. COUNTY 13d INSIDE CTY JM 157 13e. STREET AND NUMBER 175. COUNTY 13d INSIDE CTY JM 157 13e. STREET AND NUMBER 175. COUNTY 13d INSIDE CTY JM 157 1
COTT TOVE IV EV		MARKETANDIE MORCOSTOCIOCEANLLY - MOON, FITTLA, 1, VC
and and rem	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
sicion of please	140	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address
physicion en pleose oval, and		(es, no, of unknown) ({If yys give war ar dates at service)
equires that the death certify physicion. signed by the attending phy burial-tronsit permit. Then burial, cremotian, ar remova	-	APPENDING! INTEGAL
H ding		18. CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c)) PART I. DEATH WAS CAUSED BY.
deo deo rimitra		IMMEDIATE CAUSE (0) CONSEQUENCE OF
e al		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)
rat 7. ff insit		nse ta immediate cause (a), ((b)
the state of the s	П	stating the underlying cause DUE TO, OK AS A CONSEQUENCE OF (c)
luria uria	L	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART I(a)
rec an Si an Si ta b	_	
The law ra ottending has been se as the th priar ta	ATTO	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
Se of the property of the prop	CERTIFICATION	YES NO CAUSES OF DEATH?
NN: ar ar		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
YSICIAN: 1 aspitol ar certificate thed for us	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
AL OR ATTENDING PHYSICIAN: The low requires that the death certification by be retained by the haspital ar ottending physician. L DIRECTOR: After this certificate has been signed by the attending physician age 3 shauld be detached for use as the burial-transit permit. Then please filed with the State Dept. af Health priar ta burial, crematian, ar removal, and	25	21d INJURY OCCURRED While Nat while 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State OFFICE BUILDING, ETC.
de This	П	ot work of work of the state of
IDING J by f After J be d	П	22a. I certify that (I) (this haspital) attended the deceased from
TEN ned wild the	П	couses stoted obave, (I) (we) (did) (did not) view the bady ofter death.
OR ATTENDING be retained by the JIRECTOR: After the 3 should be do ed with the State		22b SIGNATURE 22r DATE SIGNED
OR De r		Lie Melite D. Cibles DEGREE PHYS DIRECTOR D PHYS D 2-14-69
FAL Pog	1	22d. PHYSICIANS 1/11 P E/1/11 To 22e, ADDRESS , P + Colice MANK (Types)
TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, crease.		NAME (Type) Wilbur K. ELLISI, JR. MEDICAL CENTER SALISHUNYING.
HO oge	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (County) (Subset) REMOVAL (Specify) 2 15 69 5 CRAGREEN BERLIN WUR MO
5 5 5 V	06	WIND BOOK 2 15 69 BY GREGREEN BERLIN WUR MO
VR AIS	24	TUNERAL DIRECTOR & BUILTIE ADDRESS O MI 25 FECT BY REGISTRATES SIGNATURES
45M - 1/19/7	1	ma a fillen DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03127 03126 CERTIFICATE OF DEATH rs after deoth. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY o. STATE 1CONIC MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c CITY OR TOWN (It autside carparate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? papers filled YES X NO .ENDING PHYSICIAN: The law requires that the death certificate be executed within WIT NAME OF Middle corbon DATE Last Manth DOY Year completely DECEASED event, (Type or pont) DEATH 196 SEX IF LINDER 1 YEAR 6. COLOR OR RACE 9 AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Months Dovs Hours WIDOWED DIVORCED 12-25-10g 1/SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDLSTRY A boRER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo OWN 5 IS WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, na, or unknown) (If yes give war or dates of service) ö Puitland, Md GRACE JAMES 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CALSED BY. INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave (b) nse la immediate cause (a). DUE TO for use os the L Heofth prior to b stoting the underlying couse hospital or attending this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS Nous 30 YES NO 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm (City or fown) (County) (State) 皇 Hauria.m. factory, street, affice bldg., etc.) While Not While at wark at work 21. I certify that (I) (this hospital) attended the deceased from and 1967, to John 1964, that (1) (we) last 1969, and that death occurred at 6:10AM, from couses and on the date stated above. sow the deceased alive on O FUNERAL DIRECTOR: 220 SIGNATURE 22b, DATE SIGNED **ATTENDING** M.D PHYS PHYS. director, page should be filed 22d ADDRES 22c PHYSICI NAME (Type) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67 1969 VClean 10



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1		03127	, DI	IVISION OF V					MARYLAND 21201	0216	
	_		3			CERTIFICAT	E OF DEATH			0312	4.2
oth od 2 oth		(EASED-NAME Type or print)	HAZEL		Middle	-	Last	2g. DAT	E OF DEATH Month	Day Year	25. HOUR
dec on on	L_	7-	10 527		ZABETH	100	1601	Je 1	DYNATY:	3 67	4 AM
e executed within 24 hours-effer death and completely filled in by the funeral remaye carban popers. Pages 1 and 2 nany event, within 72 hours after death	3 51	x 1 0 2291	,	4. RACE	rite		ATE OF BIRTH 0-30-190	3	6 AGE (In years last burthday)	MONTHS DAYS	HOLRS MIN
by Pe	7a :	BIRTHPLACE (Stote or f	ore gn 7b.	CITIZEN OF WHA	AT COUNTRY?	8 MARRIED K N	IEVER MARRIED	9. COUNT	OF DEATH		
d in Sers.		Waryland		U.S	.A.	WIDOWED [DIVORCED 🗀	Wi	comico		Md
Filler Programmer	10 (ITY OR TOWN OF DEA	TH	11 NA/	WE OF HOSPITAL OR IN	STITUTION (If not in	hospital 12a U	SJAT OCCUPAT	TON (Kind of work do	ne 125 KIND OF	BUSINESS OR
ely f ban witl	L	Salisbu				eral Ho	spitaling	Hous	king life, even if retired SEWITE	d.) INDUSTRY	
mplet re car	13o adm	usual Residence (Whesian) STATE Marylan	nere deceased I	IVed, if institution 13b. COUNTY WOIC	Residence before	Pocomol	WEST T	13 NO	e. STREET AND NUMBER R.F.D.	2	
d co	_		irst	Middle	Last		THER'S MAJDEN NAM	E First	Middle		Lasi
be ey and rem in ar		Noal	h	W.	McGee			tha	Emily	Butl	er
physician by please en please	160.	WAS DECEASED EVER			16b SOCIAL SECURITY	NO. 17 INFOR			Address	\$	
\$ 2 P	L	eNSar unknawn)	(If yes give war or	dates or service)	none	W. 1	r. Taylo	r, Po	comoke C		V
ot the death ce the attending sit permit. The mation, or remo		18. CAUSE OF DEATH N PART 1. DEATH N Canditions, if any, we rise to immediate a statung the underlyit last	WAS CAUSED BY IMMEDIATE thich gave) ouse (o), ((: CAUSE (a) DUE TO, OR AS (b)	A CONSTQUENCE OF	- 7	money betie in	Infu Des	ule we cyfu	BETWEEN OI	AATE INTERVAL VSEL AND DEATH
equir phy sign buri		PART 2 OTHER SIGN	IEICANT CONDIT	IONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE (RECONDITION	GIVEN IN PART 1(a)		
ow ding	8	19g DATE OF OPERATION	ON 195 COM	D T ON FOR WILL	Hub Hual	DEODMED	20a. AUTOPSY?	20	b IF YES, WERE FINDING	CS CONSIDERED IN CE	DT.FYING
the le los to as as as	CERTIFICATION	THE BATE OF OPERATIO	ON 170. COM	Dir ON FOR MIR	LIT OF ENAFION WAS FE	KI OKMED	YES NO	C	USES OF DEATH?	BS CONSIDERED IN CE	KIII FINO
or or of the house	GRT	21a. ACCIDENT WAS	UNDERLYING	21b TIME OF	INJURY	21c, HOW II			injury in Part 1 at Port	2. Item 181	
CCA pitol filico di for	MEDICAL	OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.M.	Month Day Year		· ·			,	
IDING PHYSICIAN: The low red by the hospital or attending After this certificate has been is be detached for use as the state Dept. af Health prior ta	ME	21d. INJURY OCCURR White Nat while at wark at wark	ED 21e. PLA	CE OF INJURY (AT HOME FARM STREET, FA OFFICE BUILDING ETC	CTORY.) 21f. LOCATE	ON Street or R.F.D.	No.	City or Town	County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. af Health prior ta burial, cre.		22a. I certify th	at (I) (t his t	nospital) atte e on) (we) (did) (nded the deceas - 3 d id not) view the	ed fram /- 19 <u>6 %,</u> and the bady after deat	-	DEL , ta opinion dea	2-3, th occurred on the	19 <u>69</u> , that dote and hour o	(1) (we) last and from the
R AT reformed as showith with		22b SIGNATURE			1 Pau	Se DEGREE	ATTENDING -	MED DIRECTOR	STAFF -	22c. DATE SIGNED	97
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d. PHYSIC AN S	17	finn f		()	PHYS 22e. ADDRESS		PHYS L	2-9-61	
A more A		NAME (Type)		ames L.			Mel		enda Se	uluberry	MAR
HO HO HO HOUSE		BURIAL, CREMATION, BEAUTIE (Specify)	23b DAT			CEMETERY DE XXX			CATION (City or Town)	(County)	(State)
VR A15 PDC	24	DUNERAL DIRECTOR	1000	5-1969	ADDRESS		250 R EC		omoke Ci		Md.
45M 1/497	Ь	I porce 14.	MACH	The state of	ocomoke	city,	Md. DATE				



		ID STATE DEPAK				
03128	DIVISION OF VITAL RECORDS,			RE, MARYLAND 21201	0010	
		CERTIFICATE O	F DEATH		0312;	3
1. DECEASED-NAME First (Type or print)	Middle	last	20	DATE OF DEATH	٧	2b. HOUR
TESSI	E	TAYLO	OR I	February 5, T	969 Yeor	5:25PM
3. SEX	4 RACE	5 DATE O		6 AGE (In years	IF UNDER 1 YEAR	F LAIDER 24 ARS
Female	Colored	(alex	9 10-1890	YRS YRS	MONTHS DAYS	HOURS MIN
70 BIRTHPLACE (State or fareign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER	MARRIED 9 CC	OUNTY OF DEATH		
country)	W. S. 17	WIDOWED 🔀 DI	VORCED 🔲	WICOMICO		Md
10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in haspite	oi 12a USUAL 90	CUPATION (Kind of work done	12b. KIND OF B.	SINESS OR
Salisbury	give street oddress) Deer's Head S	state Hospit	al during ross of	working life every refired)	INDUSTRY	u_
13a USUA1 RESIDENCE (Where decease admission) STATE	ed lived, if institution. Residence before	13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET AND NUMBER		
Maryland	136 COUNTY Wicomico	Salisbury	YES NO	225 Catherin	e Street	,
14. FATHER'S NAME First	Middle Last	15. MOTHER S	MAIDEN MAME First	Middle		Lost
Minkner	ww	ll-	nprov	yrc.		
160. WAS DECEASED EVER IN U.S. ARM	ED FORCES? [166 SOCIAL SECURITY		861.	Address		
Yes_110, gl. opknown)) (If yes give w	014-05-3	276 1/W	(Kred)	Throok		
1B CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), and (c)		//		APPROX MA BETWEEN ONS	E INTERVAL ET AND DEATH
PART I DEATH WAS CAUSED # IMMEDIA	TE (AUSE (a) Epidermoid	carcinoma	of cervix,	stage 3, with	1 1 5	rs
100 X	DUE TO, OR AS A CONSEQUENCE OF			metastasis		
Canditions, if any, which gave) rise to immediate cause (a),	(b)					
stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF					
last,	(c)					
PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART I(a)		
a Pulmonary t	uberculosis, inact					
190 DATE OF OPERATION 196 (CONDITION FOR WHICH OPERATION WAS PE		UTOPSY?	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CER	JIFYING
A CONTRACTOR OF THE PROPERTY O	Carlow sine of many	YES				
	HOUR A.M. Manth Day Year		OCCURRED (Enter natu	re of injury in Part 1 or Part 2, 1	tem 18.)	
☐ OR COMTRIBUTING ☐ CAUSE OF DEATH {If either, notify medical examin 21d, INJURY OCCURRED 21e.	er) P.M. 1					41.1
While Not while	PLACE OF INJURY (AT NOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f LOCATION S	freet or K.F.D. Na.	City or Town	County	Stote
at work — of work —	c haspitally attended the darras	d from Toponomy	- 28 10 60	Mehruary 5 in	59 16-47	6 /)
saw the deceased/al	s haspital) attended the decease ive ar ebruary 5	9 69 and that in	(my (our) aninion	death accurred on the do	te and hour or	if (we) last
causes stated above	, (II (we) (did) (IIII KAI) view the	body ofter death.	(/) (/ -		70 0112 11001 01	,
22b. 5 GNATURE		ATIFA	IDING MED	STAFF X 22c	DATE SIGNED	
VV, W	where, us	DEGREE PHYS		OR PHYS	0/09	
22d PHYSICIAN'S NAME (Type) T. U	Moldra M D a	22e /	ADDRESS	State Hospital,	yland	1 2937
D+ V.	Maldve, M. D.			7.		
230 BURIAL, CREMATION, 23b. C	PATE 230 MAME DF	CEMETERY OF TREMATOR	230	LOCAT ON (City of Town)	(County)	(State)
24. FUNERADDIRECTOR //	8- 67 ADDRESS	en ucr	250 BECD BY DEC	SISTRAR LZSD. REGISTRARS	SIGNATURE .	
DE COL	m weeks			SISTRAR 1569 PEG.STRAR 5	O C /	
1			DATE	· · · · ·	21	

V 00

				STATE DEPARTMENT C		
		33129 DIVIS			ALTIMORE, MARYLAND 21201	03124
				ERTIFICATE OF DEAT		
death.		CEASED-NAME First The or print) REASED-NAME First The American Am	Middle WE	TEMPLETO	20. DATE OF DEATH Month Do	Year 2b. HOUR
ours after death by the funeral Pages Land naursafte death	3. SE	H man li	Wh. to	S DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER EYEAR 1F UNDER 24 HRS. MONTH'S DAYS HOURS MIN.
by bo	70 1	IRTHPLACE (State or foreign / 7b CITI)	ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
in 24 hours filled in by papers. Po hin 72 haurs	caur	Meryland	15.	WIDOWED DIVORCED	Memurs	Md.
vithin 24 sly filled i oun paper	10 (TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST		USUAL OCCUPATION (Kind of work dane ng most of warking life, even if skired.)	12b. KIND OF BUSINESS OR INDUSTRY
ecuted within 24 campletely filled love carban pape y event, within 77	13a adm	JSUAL RESIDENCE (Where deceased lived, 13b.	if institution, Residence before COUNTY	13c CITY OR TOWN 13d INSIDE	GITY EMITS? 13e. STREET AND NUMBER	
and camp remove	14. i	ATHER S NAME First	Middle Lost	15. MOTHER'S MA.DEN NA	ME First Meddle	Lost
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death e haspital ar attending physician. It is certificate has been signed by the attending physician and campletely filled in by the funeral stacked far use as the burial-transit permit. Then please remove carbon papers. Pages Lond 2 Dept. at Health priar to burial, cremation, ar remayed, and in any event, within 72 hours after death	160 Y	WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (If yes give war or dates of	TES? 16b. SOCIAL SECURITY NO		na Truitt Address	not MI.
e e e		18. CAUSE OF DEATH (Enter only one co	ouse per line for (a), (b), and (c))		3000	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
le death ce attending, permit. The		PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NARY THRO	~ Bosis	10 mentes
e de after erm		1/100	E TO, OR AS A CONSEQUENCE OF	, , , , , , , , , , , , , , , , , , , ,		
the the nation		Canditrans, if any, which gave a rise to ammediate cause (a),	(b) Coron	ares attrooch	noter deserve	1 year -
is that the dicion. I do by the att. I transit per. I, cremation.		stating the underlying couse DUI	E TO, OR AS A CONSEQUENCE OF			
quires the physician. signed by burral-tran		last.	(c)			
v requiresing physical physical signed burial taburial	×.	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(0)	
AN: The law re at an attending for use as the Health prior to	TIFICATION	19a DATE OF OPERATION 19b, CONDITIO	ON FOR WHICH OPERATION WAS PERI		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
YSICIAN: 1 aspital ar certificate hed far us	CAL CERT	OR CONTR BUTING CAUSE OF DEATH H	b. TIME OF INJURY OUR A.M. Manth Day Year	21c HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Part 2,	Item 18.)
G PHYSICIA the haspital this certifica detached fa	MEDICAL	(If either, natify medical examiner)	P.M. 19 F INJURY (AT HOME, FARM, STREET, FACTO OFFICE MAILBING FTC.	DRY.) 21f LOCATION Street at R.F.C	D. Na. City at Town	County State
Z = 0		While Nat while 1				
by by Star		22o. I certify that (I) (this hosp	itol) ottended the deceased	from 4/6,	19 <u>64</u> , to <u>occurred</u> , 19 opinion deoth occurred on the d	, that (I) (we) last
OR ATTENDING be retained by the NRECTOR: After it of a shauld be ed with the State		causes stated above, (!) (w	ve) (did) (did not) view the b	ody ofter deoth.	opinion agoth occurred on the a	ote and hour and from the
OR AID OR AID OF THE CITY OF T		22b. SIGNATURE	1	DEGREE PHYS	MED STAFF	DATE SIGNED
may be RAL DIR page be filed		22d. PHYSICIAN'S	more	DEGREE PHYS 22e, ADDRESS	DIRECTOR LA PHYS. LA	2/25/69
SPITA 4 ma IERA ar, p d be			M. LARMORE		DELMAR D	EC.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	23a	BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) 2/2/4	169 21	EMETERY OR EREMATORY /	23d LOCATION (City or Town)	(County) (State)
VR AT AU S	24 -	UNERAL DIRECTOR	ADDRESS	DATE	- A-14	S SIGNATURE
PO	1	delas 1 11650C	1 Alliney	DATE	EB 2 8 1969 / Cus	0 0





FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03123
HEALTH DEPT.	1	HEDICAL EXAMINER & CENTILICATE & DEATH	
	{	Type or Print) WILLIAM A. TOWNSEND OF EST. 2-3-	
ny deloy is 2, and 3 to PM3-Roge lartiment of	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years if UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	6 Gor , 7: 35 M
De a - E		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH U.S.A. WIDOWED DIVORCED Wicomico	Mi
after deoth 8. Give Poges clong with for with the State		Salisbury government General dur ag most of working life, even if rel red) N	b KIND OF BUSINESS OR DLSTRY
M = a Os Os	130.	USUAL RESIDENCE (Where deceosed lyed, if institution Residence before 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e STREET AND NUMBER dmission) STATE Md. The COUNTY Worcester Newark YES NO	
s ofte			urner
I within 24 in percil in Examiner. File pages in 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 27 INFORMANT ADDRESS (es. no. or unknown) (II yes give wor or dates of service) 217-36-0543 Mrs. Ethel Townsend (wife)	s per #13
be executed with pending in pending in pending in pendical Exacinet Medical Exacionsist permit. File event within 72		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY COPONARY OCCLUSION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUDDON
be executed "pending" in hief Medical E ansit permit. I event within		Conditions, if any, which gove rise to immediate cause (a). (b)	
should be e ne word "per o the Chief i buriol-transit in ony ever		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
te, writing the word forwarded to the Cl sused as a buriot-tr	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO 🔀
불규 끝 .	MEDICAL CER	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. P.M 19	18)
KAMIN te the ge 4 sh your fill oge 3 s	WE	21d INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, form, street, at work at	County Stote
DICAL E. Ose executeror. Popular for IRECTOR: fo buried, to buried, the		22a certify that I took charge of the remains described above, held an Autapsy , Inspection X, Inquiry X, death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	and in my opinion
DEPUTY CESSORY, p. funerol may be r funeRAL olth price		ACTUAL SIGNATURE SIGNATURE For Property Medical examiner Deputy Medical examiner For Mame (Type) 409 Camdon Ave., Salisbury, McAddress (Street, city town, or county)	
10 E	L	Runial Feb 6 1969 Trinite Garden of Memories New ark Mar	ounty) (State)
VR A15ME (5)		FUNERAL DIRECTOR Dennis Funeral Home. Snow Fill. Md. PARE 1969 29 ACCOMMENS TO THE PARE 1969 1969 1969 1969 1969	



	1			D STATE DEPARTMENT OF		
,		03132	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEATI	The state of the s	03127
± _2±		CEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b HOUR
deat ond deat	[]	ype or prant) Nettie	Mae	TURNER	FEBRIARON TO	Yeor 1919/0 72 M
fur s I rer	3. St		4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the the		-EMALE	WHITE	1-15-95	lost birthday) 7.1 YRS.	MONTHS DAYS HOURS MIN
by by hour	7o, I	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pers		Virginia	USA	WIDOWED D VORCED	Wicomico	Md
file file fulfi	10 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in hospital 12a U	SUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
with bon with		Salisbury			most of working ufe, even if retired)	ואונטטאוו
ote, be executed within 24 hours after death ican and completely filled in by the funeral lease remove carbon papers. Pages I and 2 and in any event, within 72 hours after death	13o odm	USUAL RESIDENCE (Where deceases state) STATE Virgini	ed lived, if institution Residence before	Onley YES	ITY LIM TS? 13e. STREET AND NUMBER	
S P P P P P P P P P P P P P P P P P P P	14	ATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAM	E First Middle	Lost
\$ 5 E		Edward T.	Turner	Ma	ry Lingo	
physic or physic or en please ovol, ond		WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	NED FORCES? 16b. SOCIAL SECURITY I	NO 17 INFORMANT	4604There	oughgood Dr.
phy:				Margaret I	urner Va. Bee	ich, Va.
PHYSICIAN: The low requires that the deoth certificate, he hospital or attending physician. This certificate has been signed by the offending physician letached for use as the buriol-transit permit. Then pleas: Dept. of Health prior to buriol, cremation, or removol, and		1B CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y ane cause per line for (o), (b), and (c)	1 - 1	11 1	APPROX MATE INTERVA. BETWEEN ONSET AND DEATH
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he of per lion.		4/22	DUE TO, OR AS A CONSEQUENCE OF			
of the main main main main main main main main		Conditions, if ony, which gove a rise to immediate couse (a),	(b)		· · · · · · · · · · · · · · · · · · ·	<u> </u>
s the cian.		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
uire hysia gne uriol uriol		and the same of th	(c) DITIONS CONTRIBUTING TO DEATH BUT NO	OT PELATED TO THE TERMINAL DICEASE O	OD COMPITION CIVEN IN DART 1/-1	
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low ndin bee s th ior t	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	REFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
has has	EEC			YES NO	CALICES OF DEATHS	
N: I or or r us		210 ACCIDENT WAS UNDERLYIN			nter noture of injury in Part 1 or Part 2,	Item 18)
r CIA pital pitic d fo	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH				
DING PHYSICIAL by the hospital fiter this certific be detached fo State Dept. of H	ME	21d INJURY OCCURRED 21s.		TORY.) 21f. LOCATION Street or R F D	No City or Town	County State
the this detro	П	While Not while ot work				
ATTENDING stained by th CTOR: After t should be de		22a. I certify that (I) (thi	s haspital) attended the decease	ed from 2 , 19	164, 10 2 6, 199	, that (I) (we) last
R: A		saw the deceased al	ive an 2 ~ C 1 , (I) (we) (did) (did not) view the	hody after death	opinian death occurred on the da	ite and hour and tram the
ATTER etaine CTOR: should		22b. SIGNATURE	7(1) (vo) (and) (and not) view inc		226	DATE SIGNED
AL OR ATTENI y be retained L DIRECTOR: A age 3 should filed with the		weller	Q 80000	DEGREE PHYS	DIRECTOR D STAFF	-6-69
PITAL O moy be RAL DIF r, page be filed		22d PHYSIC AN S	D. F. W	22e ADDRESS	2 /2 = - 5 2/	=1. 1. 22 1
교수 보이다 '		NAME (Type) WIL be	ZR K LILLIS,	fr. VIIt DICh	LEBRUK SYAL	Sary 1110.
O HOSPII Poge 4 m O FUNER director, should b	230	BURIAL, CREMATION, 23b [CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				lle Haven		Sccomack Va.
VR A15 (4) 45M 1/69	24.	EUDERAL DIRECTOR	ADDRESS	a property of	D BY REGISTRAR 2Sb REGISTRARS	SIGNATURE
45M 1/69	K	unislery	Hellams ONA	NEOCK LA. DEFE	3 1 0 1969	



. 1		20100	DIVISIO	MARYLA OF VITAL RECORD		DEPARTMI DESTAN STR			VI AND 21201		
ı		03133	DIVIDIO	TOT THAT RECORD	-	CATE OF		IONE, INC.		03128	
1		CEASED NAME First (Pe or print) KATI	3	Middle CUSTILL	A 1	Lost VALENTIN	Æ	2a. DATE OF	DEATH Month 2 16	1969	26 HOUR p
100	3. SE)	F	4 RACE	ьĄ		S. DATE OF BIR		38	6 AGE (In years last birthday) YRS.	MONTHS DAYS	IE UNCER 24 HRS. HOURS MIN.
7	7a B	IRTHPLACE (State or foreign try)	7b CITIZEN	OF WHAT COUNTRY? USA	8. MARRIED WIDOWED	NEVER MARE	RIED 9.	COUNTY OF	DEATH COMICO		Md
2000	0. CI	TY OR TOWN OF DEATH Lalisbury		11 NAME OF HOSPITAL OR give street address)	institution (if La Jene	not in hospital	120. USUAL during mos	OCCUPATION 1 OF BY	(Kind of work done life, even if retired)	126 KIND OF E	JUSINESS OR 10 10
100	l 3o odmis	USUAL RESIDENCE (Where deceosision) STATE aryland	ed lived, if i 13b COL	Institution: Residence before INTYi.comi.go		r town Soury	34 INSIDE CITY LIMIT	-	eet and number avis Jt.		
	14. F.	ATHER'S NAME First August	Mi	ddle Lest Pfeiff		IS. MOTHER'S MA		i known	Middle		Lost
	16a. Yı	WAS DECEASED EVER IN U.S. ARN es, no or unknown) (If yes give w	IED FORCES? or or dates of ser	16b. SOCIAL SECURIT		INFORMANT	nes Da	vis	Address	2. 13 Lav	intury
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	y ane cause) BY: TE CAUSE (a	per line for (a), (b), and	dia	& un	lares	hon		APPROXIM BETWEEN ON	ATE INTERVA. ISET AND DEATH OMETIC O
		Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost.	(E	D, OR AS A CONSEQUENCE (C), OR AS A CONSEQUENCE (C)		e f	ail.	<u>ne</u>		1,	m5
	NOS	PART 2. OTHER SIGNIFICANT CON	-	NTRIBUTING TO DEATH BUT OR WHICH OPERATION WAS		TO THE TERMINAL			I IN PART 1(a) YES, WERE FINDINGS CO	ONGIDEDED IN CE	DIFFAING
	MIFICA	2To. ACCIDENT WAS UNDERLYIN		TIME OF INJURY		YES 🗀	NO TO	CAUSES	OF DEATH?		
	MEDICAL (☐ OR CONTRIBUTING ☐ CAUSE OF OEAT	HOUR	R.A.M. Month Doy Ye P.M.	ar 19		·	·		County	State
l		ot work of work		IJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.				,	or Town	,	
			is haspita live on _ ((I) (we)	(did) (did not) view th	1927, al ae body after	nd that in (m) death.	(our) opini	ion deoth c			and from the
ı		22b SIGNATURE 22d. PHYSICIAN S	The	danier 1	DEC	REE PHYS 22e. ADDI		DECTOR		DATE SIGNED 2 -/7 -	-69
		NAME(Type) Fran		ver,Jr.	OF CEMETERY O	C.	arroll		alisbury N		(State)
Į		BURIAL, CREMATION, 23b. REMOVA-(Specify) 2/ FUNERAL DIRECTOR	20/1	169 Loudor	Park	Cemeter	1	Balti			(State) yland
	24	Mill Funeral	Home	ADDR Salis	bury		DATE 1	. 2 196		03,11	New



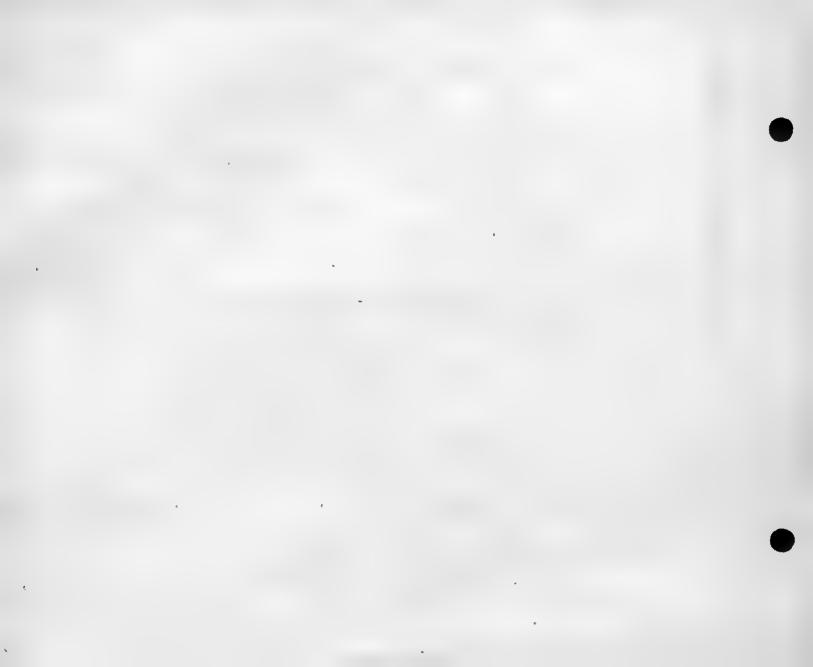


FOR STATE	03135 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	30					
HEALTH DEPT. 프로늄 호		Year 25 HOUR					
Sny delay i 2, and 3 t PM3. Pag	3. SEX 4 RACE S DATE OF BIRTH 6 AGE (in years 15 UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD Month 2 Day 17	Yea 6,9 9:15					
death any delay is we bages 1, 2, and 3 ta with farm PM3. Page the State Department of	70 BIRTHPLACE (State or foreign 75 CHTIZEN OF WHAT COUNTRY? 8. MARRIED MINEYER MARRIED 9 COUNTY OF DEATH COUNTRY) WIDOWED DIVORCED WICOMICO	M					
	Salisbury give street oddress) Peninsula General during mast of working life, even it retired) IN	b KIND OF BUSINESS OR DUSTRY					
hours after tem 18 Gr Sffice along and 2 with ifter death.	13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LMITS? 13e STREET AND NUMBER odmission) STATE Md. 13b COUNTY Somerset Upper HillyEs No						
24 hour in Item is affice as a condition in Action in Item is a condition in Action in	10/11/1	Waters					
a within 24 in pencil in Examiner 5 Examiner 5 File Agges in 72 haurs	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (Hysu give war ar defes of service) 16b SOCIAL SECURITY NO. 17. INFORMANT HATOLA WATES	APPROXIMATE INTERVAL					
ecuted ling" in edical E ermit. F within	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute emphysema DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove one is to immediate couse (o). (b) Bronchial obstruction						
This certificate shauld be executed cate, writing the word "pending" in be forwarded to the Chief Medical E be used as a burial-transit permit. For remayal, and in any event within	Conditions, if only, which gove (b). (b) Bronchial obstruction	days					
is certificate shauld fe, writing the word forwarded ta the Cl e used as a burial-tr remaval, and in any	stating the underlying couse OUE TO, OR AS A CONSEQUENCE OF (c) Smoke inhalation	days					
ificate that the arded that are all as a all and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
his certificate, writing the forwar be used removal	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	20 AUTOPSY? YES X NO					
E - P 0	FRIMARY TOR CONTRIBUTING 8 At 10 PM 2-15-69 House fire at own home.						
XAMINER: Ute the cert ge 4 shauld yavr files Page 3 shau . crematian,	AT WORK AT WOR						
DEPUTY DICAL EXAMINER: seessary, please execute the cert e funeral director. Page 4 shault may be retained for your files FUNERAL DIRECTOR: Page 3 shault prior to burial, cremation,	22a. I certify that I took charge of the remains described abave, held an Autopsy (X), Inspect on (X), Inquiry (X), death resulted fram Natural causes (), Accident (X), Suicide (), Homicide (), Undetermined manner						
pleas plantan retain	ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22b DATE SIG						
TO DEPUTY necessary, the funeral 5 may be r TO FUNERAL Health, print	NAME (Type) 1409 Camden Ave. Salisbury, MdADDRESS(Street, city, town, or county)	21, 1969					
5 = ± ~ 5 =	Furlal 2-21-69 Centennial Cemetery Fairmount, Some						
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIG	NATURE By Junger					





	1	1	03137	DIVISION OF VITAL		PRESTON STREET		ARYLAND 2120	1	
was firm	•	Ite	em7 FilmG410 3/	4/69 kk		FICATE OF DEA		NITUNITU ZIZU		3132
	로/ _ ~ 로		CEASED-NAME First		Middle	Last	2a. DATE	OF DEATH		2b. HOUR
	after death The forteral Test I and 2	(1	ype or print) Ada	Mae	Wh	eeler		2 Month	L6 69	12:35
	重 表	3. SE	X	4 RACE		S DATE OF BIRTH		& AGE (In years	IF LINGER LYEAR	if JhOER 24 HRS
		<u>L</u> _	Female	Whi.te		12/1/18/9	1894	last birthday)	'RS. MONTHS DAYS	HOURS MIN
		7a. I	IRTHPLACE (State or foreign	76 CT ZEN OF WHAT COUN	TRY? 8 MARR	ED NEVER MARR ED	9 COUNTY			
	で こころ	1	maryland	USA	WIDOV			omico_		Md.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by, the femeral director, page 3 shauld be detached for use as the burial-transit permit. Then please cember appers. Deges 1 and 2 shauld be film! with the State Dilpt. at Hill afth prior to burial, cremation, ar removal, and in any event, within 72-traus after death	10 0	ITY OR TOWN OF DEATH	1 NAME OF HO	OSPITAL OR INSTITUTION (ress)	(if not in hospital 12	 USUAL OCCUPATION 	ON (Kind of work do	ne 12b. KIND OF	BUSINESS OR
	with tely with the standard the	10.	Salisbury	Deer's	Head Stat			ng life, even if retire		Shop
	mple can vent	130	USUAL RESIDENCE (Where decease ssion) STATE	lived, it institution Residence 136 COUNTY Someres		VECT.		STREET AND NUMBER		
	To So of	14. 1	Maryland ATHERS NAME First	W Somers	et. C	risfield IS MOTHERS MAIDEN		hesapeake Middle		
		114 1	James		heeler	1) MOINER) MAINER	Sarah	Middle	Green	lost
	n d	160	WAS DECEASED EVER IN U.S. ARME			7 INFORMANT	COLOR		: 1618 Mon	
	ifica ysic al, o	ĮΥ		ne dates of service)	05-1198	Mrs. Agnes	Mason, No			
	ph phen nov		18 CAUSE OF DEATH (Enter anly			TEDS TIETOD	1220119 110	74.16.03.74.9 VC	APPROXIM	AVE MIERVAL
	the state of the s		PART I DEATH WAS CALISED	RY	* 1	eritary a seq	77 3			NSET AND GEATH
	dec tren rrmi rrmi, ar		2 42 / IMMEDIAT	E CAUSE (a) Encep		- Lillo Logy	Unknown		:33	
	the at the trial		Conditions, if ony, which gave)	DUE TO, OR AS A CONS	SEQUENCE OF					
	or to		rise to immediate couse (a),	(b) DUE TO, OR AS A CONS	CEUTIENCE DE					
	icial icia icia		stating the underlying cause last	(c)	JEGOENICE OF					
	ahys igne igne urre		PART 2 OTHER SIGNIFICANT COND		DEATH BUT NOT RELATE	D TO THE TERMINAL D SEA	SE OR CONDITION GE	VEN IN PART 1(o)		-
	on see b	_						(-)		
	law indii be be ls #	ATIO	190 DATE OF OPERATION 195. CO	Spastic ONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20a AUTOPSY?		IF YES, WERE FINDING	GS CONSIDERED IN CE	RTIFYING
	att e se s	CERTIFICATION				YES 🗀	NO CAUS	SES OF DEATH?		
	n or		2To ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21	. HOW INJURY OCCURRED	(Enter noture of in	jury in Part 1 or Port	2, Item 18.)	
	Pitte d for a filter	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH	HOUR A.M. Manth	Day Year					
	HYS hosp s cer suche upt.		21d INJURY OCCURRED 21e P	LACE OF INJURY (AT HOME OFFICE BUT		LOCATION Street or R	FD. Na. Ci	ty or Tawn	County	State
	the this det		at wark at work							
	by ffter Stat		22a. I certify that (!) (this saw the deceased ali	haspital) attended t	he deceased fram	Jan . 15	, 1909, ta_	Feb. 16	19 <u>69</u> , that	(1) (we) last
	R: A		causes stated abave,	ve an <u>FED. I</u>) view the hady of	ana mat in (my) (ai er death.	ir) apinian death	accurred on the	date and havr o	and from the
	ATI E E E E E E E E E E E E E E E E E E E		226 SIGNATURE	11	1			*vr (2212911899	
	OR DE LA SE		hulest	Telun	420/ ()	ATTENDING PHYS	D RECTOR	STAFF C	2/10/09	
	TAT DATE OF THE PART OF THE PA		22d. PHYSICIAN'S NAME (Type) Charles	H. Winn acc	H M D	22e ADDRESS	a Hond Q+	ate Hospi	+n7 @ a14 a	harane
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be film with the State Dipt. of Hilliam taburial, cre								JALLS OF THE	oury
	HO Jge FU Fu Fou bou	23a	Burial, CREMATION, 235 D/ REMOVAL (Specify) Feb		A NAME OF CEMETERY		23d LOCA	TON (City or Town)	(Caunty)	(State)
	5 5 5 ×	_		. 18, 1969 8				sfield, Se	omerset	Md.
	VR A15		FUNERAL DIRECTOR Cadshaw & Sons,	Contactional	ADDRESS MA		REDEBESINE	1969 REGISTRE	AR'S SIGNATURE	PA PA
	45M - 1X19	D)	Hushaw & Dons,	OLTSTIGHT	LYTE	DATE				

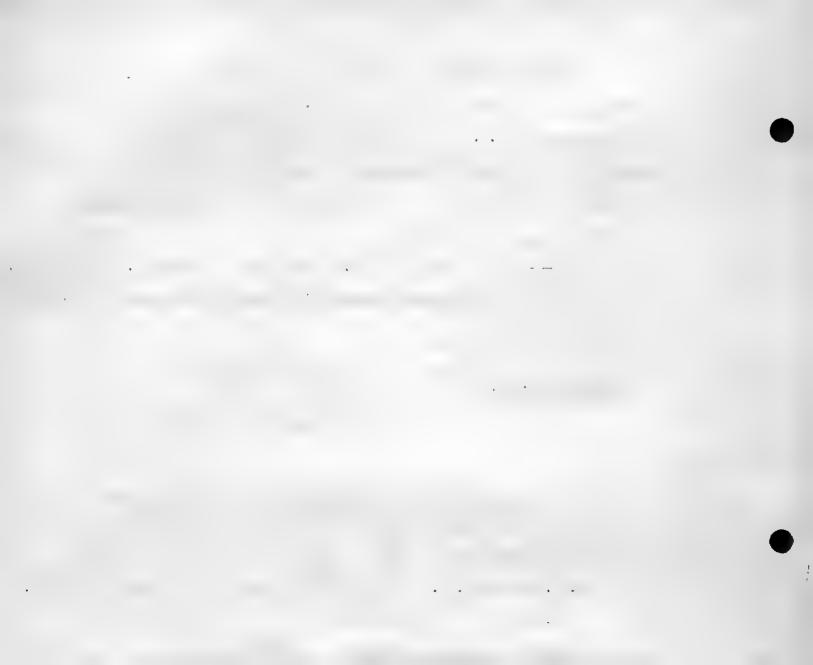


		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		03138 CERTIFICATE OF DEATH
4 -24		ECEASED-NAME First Middle Last 2a, DATE OF DEATH 2b HOUR
death death	((ype or print) Darnell Whittington February 26 19 230
1 1 1 m	3 5	
hour after dath n by the tureral s Pages I and 2 haurs after death.		MIZIE Neato Jan. 20, 1969 (OST DIFFICION) VRS. MONTHS DAYS HOURS M.N
by Pours	70	
24 ho d in pers 72 ho	COU	BIRTHPLACE (State or fore gn 76. CITIZEN OF WAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WICOMICO
ompletely filled in ye carbon paper event, w thin 72	١.	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hosp to) 120. USUAL OCCUPATION (Kind of work done during most of working life even it retired). INDUSTRY
w deta	Sá	USUAL RES DENCE (Where deceosed lyed if institution Residence before 13c CITY OR TOWN 13d MISIDE CITY LIM 157 13e STREET AND NUMBER
e executed within 24 have campletely filled in remaye carbon papers	adm	USUAL RES DENCE TWhere deceosed lived, if institution Residence before a 13c CITY OR TOWN 13d INSIDE CITY LIM IS? 13e STREET AND NUMBER 13d COUNTY 50WEST NO.
o d c exe	14.	HERS NAME First Whittington Goria-Bishop Middle Lost
a de de	1/2	THAT DESCRIPTION OF THE PROPERTY OF THE PROPER
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou be retained by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by e. 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers of with the State Dept. af Health priar ta burial, cremation, ar remayal, and in easy event, within 72 hausely with the state Dept.		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give war or dotes of service) 166 SOCIAL SECURITY NO APPEARANT APEXANDER Whitting for Marion Ma
ter The p	Г	18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))
ne death cer affending p permit The ian, ar rema		PART I DEATH WAS CAUSED BY
he death attendi permit ian, ar r		IMMEDIATE CAUSE (a) AS A CONSTRUCTION OF
tt the the a sit pe		Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF
nat y + t insi		nse to immediate cause (a), (B)
OR ATTENDING PHYSICIAN: The -aw requires that the retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the partial be detached for use as the burial-transitive with the State Dept. af Health priar ta burial, cremative		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF lost (c) RLLation, Preumonia. LL lumby, recommons 24/hr.
sign burn burn		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ding ding een the ir to	NO.	
AN: The ·aw re all ar attending ficate has been for use as the Health priar ta	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
Fig. 4 set		TES NO
IDING PHYSICIAN: The ·aw raby the haspital ar attending After this certificate has been a be detached for use as the State Dept. af Health priar ta	MEDICAL	216 ACCIDENT WAS UNDERLYING 216 T.ME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 at Port 2, Item 18)
YSI rasp cert chec pt. c	ME	21d IN.JRY OCCURRED 21e PLACE OF INSURY 1 AT HOME FARM, STREET FACTORY, 21f LOCATION Street or R.F.D. No. City or Town County State
the this this detail		at work at work
by frer be Stat		22a. I certify that (1) (this haspital) attended the deceased from 1969, to 1969, the 10 (we) las saw the deceased aliverant 1969 and that in (my) auri) applied death accurred an the date and have and from the
may be retained by the haspit, RAL DIRECTOR: After this certiff, page 3 shauld be detached to be filed with the State Dept. of		saw the deceased alive on
R AT reformed as showith		226 SIGNATURE ATTENDING MED. STAFF 1220 DATE SIGNED
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SPITA 4 may IERAL ar, po d be f		22d. PHYSICIAN SI NAME (Type) AFF Ed C Kills Medled Center Saluery In
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld		BUR AL CREMATION 236 DATE LOS LOS LAME OF CEMETERY OF CREMATORY TOWN 23d OCATION (Gity or Town) 1 (County) (Store) ACTION Sta, Some Md
N. T.	24	FUNERAL DIRECTOR ADDRESS AT MY 250 PER BY REGISTRARS SIGNATURE
45M - 19		6 Harles Willard - Marion Slas, Mil DATEB 20 1969



	ı.			D STATE DEPARTMENT OF H		
1		03139		301 W. PRESTON STREET, BALTII ERTIFICATE OF DEATH	MORE, MARYLAND 21201	03134
2 2 1	10	ECEASED NAME First	Middle	Last	2g. DATE OF DEATH	The Brown
leoff erol and leaff		Type or print) BESS			February 10	Year 969 4:46M
er deot funerol : 1 and	3 S		4 RACE	S DATE OF BIRTH	6 AGE (In years	IF JADER I YEAR IE UNDER 24 HRS
s affe	L	Female	White	August 9,1908		MONTHS DAYS HOURS MIN.
Z hour	7o	BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH	
Deer in		Maryland	USA	WIDOWED DIVORCED	WICOMICO	Md.
within 24 hours after deoth. ely filled into the funeral bon papers. Pages I and 2 within 72 hours after death.		Salisbury			OCCUPAT ON (Kind of wark done st af warking ife, even fretired)	12b KIND OF BUSINESS OR INDUSTRY Shirt factory
mpere	13o adm	USUAL RESIDENCE (Where deceased ssion) STATE Maryland	lived, if institution Residence before 13b. COUNTY Wicomico	13c. CITY OR TOWN 13d. INSIDE CITY LIM Salisbury YES NO		
dry dry	14	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME FIR		last
8 5 5		Carrol1	Ashmea	d Sara	h Ellen	Lambertson
ifficate hysician pleas ral, and	160	WAS DECEASED EVER IN U.S. ARMED es, na, ar unknown) (11 yes give word	FORCES? 16b. SOCIAL SECURITY N	0 17 INFORMANT (Husband) Address30 Milkins, Salisbur	3 Carrollton A
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or attending physician physician and the start this certificate has been signed by the attending physician and the model of the start has sentificate has been signed by the attending physician and the start has a start for use as the burial-transit permit. Then please temany-corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death			one cause per line far (a) (b), and (c).)		emendage	AFFROX MATE INTERVAL BETWEEN OMSEL AND DEATH
v requires ' ng physicio en signed he buriol-it to buriol, c	2	last.	(c)TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL D SEASE OR CO	NDITION GIVEN IN PART 1(a)	
PHYSICIAN: The low not he hospital or attending this certificate hos been detached for use as the eDept. of Health prior to	CERTIFICATION		NDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INS DERED IN CERTIFYING
SICIAN: pital or rrificate of for t	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner		21c HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Port 2, It	rem 18)
S PHYS the hos this ce detache e Dept.	₹	21d. INJURY OCCURRED 21e. PL While Not while at work at work	ACE OF INJURY (AT HOME, FARM, STREET, FACTO	ORY.) 21f LOCATION Street or R.F.D. No	City ar Town	County State
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HOSP oge 4 FUNE firector shou,d	230	BURIA. CREMATION, 23b DA	E 23c NAME OF C	EMETERY OR CREMATORY	ter_ Salisbury, 23d LOCATION (City or Town)	(County) (State)
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					ALTIMORE, MARYLAND 21201	03136
		13141		CERTIFICATE OF DEAT	Ή	00100
£ NEA		CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HQUR
le di le di	- (1	ype or print) JAMES	F1 = 11	UILSIN'	FLBKIASIV 1	Year o 1/2 M
e ru	3 \$1		4. RACE	S DATE OF BIRTH	6. AGE (n/years	IF UNDER YEAR OF UNDER 24 HRS
24 haurs after death ed in by the fungral, ppers Pages Tarre, 72 haurs after death	11	ALE	WHITE	1/40 2 /	last birthday)	MONTHS DAYS HOURS MIN
by by aur	7a	IRTHPLACE (State or foreign 71	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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filled pape thun 77	10 (TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (if not in haspital 120	1.51.AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
ed within 24 h aletely filled in carban papers ent, within 72 h		alisbury	Peninsula Ge:		g mast at warking life, even if retired)	INDUSTRY
kecuted complet nove car	13o adm	USUAL RES DENCE (Where deceased ssion) STATE	13b COUNTY Residence before	13c CTY OR TOWN 13d INSIDE	NO NO STREET AND NUMBER	il.
e execut and complete remove remove	14	ATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NA	ME First Middle	Las ⁴
d in din	L	Armere	Wilson	da		Hahred !
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after stained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the financial be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be detached far use as the burial-transit permit. Then please remove carban papers. In the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after the State Dept.		WAS DECEASED EVER IN L.S. ARMED		NO 17 INFORMANT 118 Fig to 12	to ? Address to the	. 17.1
ren cer		18. CAUSE OF DEATH (Enter on y	ane cause per line for (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
indir nit		PART I DEATH WAS CAUSED B	Y Y	entrailer De	andstill	Action 2007 - May DEAM
attend permit ian, ar		4109	DUE TO, OR AS A CONSEQUENCE OF		N 0 -	J 1
t the		Canditions, if any, which gave	(b)	Myreardeal	Deckaretiers	60 hours.
is that the cian. I by the litransit it, cremating.	1	nse to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
The law requires tha attending physician. has been signed by se as the burial-tran h priar to burial, crer		last	(c)	ASCVO		Gears.
equire physic signe burial		PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(0)	
ing ing en to	Z					
The taw ratending that been se as the harto	E	19a DATE OF OPERATION 19b CO	NDITION FOR WHICH OPERATION WAS PE		206 IF YES, WERE FINDINGS CO	DNSIDERED IN CERTIFYING
The att has seen the p	CERTIFICATION				CAUSES OF DEATH?	
AN: l or cate der u		21g ACCIDENT WAS UNDERLYING TO CONTRIBUTING TO CAUSE OF DEATH	21b TIME OF INJURY HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1	tem 18)
Pitch prito of f	MEDICAL	(If either, notify medical examiner)	P.M. 1	9		
Page 4 may be retained by the haspital or attending FO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to	W	21d INJURY OCCURRED 21e PL While Not while of work at work	ACE OF INJURY (AT HOME, FARM, STREET, FA	(TORY) 21f LOCATION Street or R.F.D	No City or Town	County State
ING Dy t Ter Ter ter tate		22a. I certify that (I) (this	haspital) attended the deceas	ed from 3-/5 ,1	96 9, ta 2 - 12, 19 apinian death accurred an the da	5-9, that (I) (we) last
ed led led led led led led led led led l		saw the deceased aliv	e an 3 · / 7	9 <u>69</u> , and that in (my) (aur)	apinian death accurred on the dat	te and hour and from the
S S S S S S S S S S S S S S S S S S S		22b AJGNATURE	l) (we) (did) (did nat) view the	bady after death.		
OR ATTEND be retained DIRECTOR: A FI Should		AB PORALOKE	M Blows Fit	D DEGREE PHYS	MED STAFF	DATE SIGNED - 69
D II O		22d. PHYSICIAN S	100 7000 - (W.)	DEGREE PHYS L.3	DIRECTOR LA PHYS LA	7// 01
SPITAL 4 may NERAL tar, paged of the fill		NAME (Type)		22e MDDRC55		
O HOSPITAL OR ATTENE Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the	230	BURIAL, CREMATION, 23b. DAT	TE . 23c NAME OF	CEMETERY, OR CREMATORY	- 23d LOCATION (City or Town)	((aunty) (State) /
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
10		03143		CERTIFICATE OF DEATH	MORE, MARIEARD 21201	03138
Good Frank.		CEASED-NAME First ype or print) MARGARET	Middle BERTELS	Lost YOUNG	20. DATE OF DEATH Month Boy	1969 10:45M
after of fun pes 1 after of fer of fe	3. St	x Female	4. RACE White	S. DATE OF BIRTH 10-2-1914	last birthday) A	IF UNDER 1 YEAR IF UNDER 24 HRS. HOUTHS DAYS HOURS MIN
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. De retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e. 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages I and with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after death		Conditions, if any, which gave hise to immediate cause (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF (c) (d) (d) (e) (d) (e) (d)	I bronchitis as	2 PKs /d) DIDITION GIVEN IN PART I(a)	APPROXIMATE INTERVAL BETWEEN GASET AND OFATH A furur A
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may be reft may be reft real Direct r, page 3 st l be filed wit		22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	J. BURTON	DEGREE PHYS. MIDDLE MID	ED. STAFF RECTOR STAFF	25-19-69
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil			TE 23c. NAME OF J. Will	CEMETERY OR CREMATORY	28d. LOCATION (City or Town) Washington, D.C	
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR ill Funeral Home	ADDRESS Salisbury Mary	FER	REGISTRAR 969 25b. REGISTRAR'S S	es Judge

